FY 2007

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT APPLICATION

&

PLAN OF SERVICES FOR CHILDREN & ADULTS

Arizona Department of Health Services
Division of Behavioral Health Services

Submitted September 1, 2006

EXECUTIVE SUMMARY
ARIZONA COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
FY 2007

The Arizona Community Mental Health Services Block Grant is the result of and complies with Public Law 102-321. Public Law 102-321 was established to assist States with the implementation or expansion of an organized community-based system of care for adults with a serious mental illness and children with a serious emotional disturbance. The Federal agency that manages the Community Mental Health Services Block Grant is the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The purpose of the grant is to fund a portion of the States' administrative and treatment costs for mental health services.

While the FY 2007 application is based on the existing Block Grant legislation, it also continues the transition toward Performance Partnerships through a stronger and slightly different emphasis on performance indicators. These indicators are incorporated into the Plan's goals and targets in response to the five criteria.

States are required to submit a one year State Plan that meets the five criteria of the grant. The five criteria are for purposes of defining and planning a community based system of mental health care. The Plan reflects the continual improvements being made by the Arizona Department of Health Services in developing a comprehensive array of community services that are person and family-centered, and promote resiliency and recovery.

In addition to the development of a Plan, the State also maintains the Arizona Behavioral Health Planning Council. Fifty-three percent (53%) of the membership of the Arizona Behavioral Health Planning Council is comprised of adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. The remaining 47% are State agency representatives and providers.

Although the system of publicly funded behavioral health care in Arizona receives a significant amount of its funding from Medicaid, the Community Mental Health Services Block Grant supplements State (Subvention) funds, which allows Arizona to serve more adults with serious mental illness and more children with serious emotional disturbances. The Community Mental Health Services Block Grant has been an important part of the overall funding for services and assists Arizona to carry out its mission of providing quality person and family-centered community based mental health care.

Changes to the FY 2007 Application:
In response to the modifications requested by the Center for Mental Health Services during the peer review of Arizona's Block Grant application in November 2005 in San Antonio, Texas, as

well as the availability of more current data and improved data collection methodology, the following goals and targets have been added to the Adult and Children's Plans:

ADULT PLAN:

Criterion 1:

Goal 1, Target 1, page 65: The percentages for FY 2003 – 2006 have been revised for the FY 2007 Mental Health Plan to reflect a more accurate count of adults with SMI who are employed.

Goal 2, Target 1, page 66: This goal was revised to identify a list of Evidence-Based Practices and numbers of persons served.

Goal 3, Target 1, page 67: As of FY 2005, ADHS/DBHS is conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis. The percentage for FY 2005 was revised to reflect a more accurate number of positive respondents to the survey.

Goal 4, Target 1, page 68: This goal was revised to reflect the recommendations of the November 2005 peer review of the FY 2006-2007 Plan.

Goal 5, Target 1, page 69: This goal was revised to reflect the recommendations of the November 2005 peer review of the FY 2006-2007 Plan. Also, the percentage of adults with SMI re-admitted to the State Hospital within 180 days was modified to more accurately track the rate of re-admissions for 2006 and 2007, based on the FY 2005 data.

Criterion 2:

Goal 1, Target 1, page 72: The target was modified to 1%, from an original estimate of 2% from the FY 2005-2007 Plan to reflect a more accurate count. The percentages for FY 2006 and FY 2007 were also modified to reflect the change. Also, the percentages have been modified for the FY 2007 Plan due to more current data and improved data collection methodology.

Criterion 4:

Goal 1, Target 1, page 76: This goal was modified from the FY 2006-2007 Plan to more accurately reflect the numbers of homeless adults with SMI served. The numbers presented in the FY 2006-2007 Mental Health Block Grant Plan were not accurate calculations as DBHS reported the total number of homeless adults served in the system, as compared to homeless adults with serious mental illness.

CHILD PLAN:

Goal 1, Target 1, page 91: The original estimates for FY 2004 – 2007 were modified from the FY 2006-2007 Plan due to ADHS/DBHS collecting more current data.

Goal 3, Target 1, page 93: This goal was revised based on peer review modification recommendations made in November 2005 for the FY 2006 – 2007 Mental Health Block Grant Plan. Also, the figures presented in the original modification submitted to CMHS December 2005 were revised per CMHS' request in May 2006 to submit a second modification, which is reflected in the FY 2007 Plan.

Goal 4, Target 1, page 94: This goal was modified for the FY 2006-2007 Plan to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 30 days of their discharge. Due to the small population that is being targeted, maintaining the percentage rather than the State's original goal to reduce the number throughout the three-year grant cycle is realistic. ADHS/DBHS had estimated a 2% baseline for FY 2005 in the FY 2006-2007 Plan; however, the actual percent was 0 in FY 2005. ADHS/DBHS will continue to project 2% as a reasonable goal for 30 day re-admissions to the State Hospital.

Goal 5, Target 1, page 95: This goal was modified for the FY 2006-2007 Plan to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 180 days of their discharge. Due to the small population that is being targeted, maintaining the percentage rather than its original goal to reduce the number throughout the three-year grant cycle is realistic. ADHS/DBHS modified this goal for the FY 2007 Plan, because the baseline percentage for FY 2005 was revised to reflect more current data; the projections for FY 2006-2007 have also been modified.

Criterion 2:
Goal 1, Target 1, page 98: This goal/target was revised from the FY 2006-2007 Plan to reflect more current data and improved data collection methodology.

Criterion 3:
Goal 1, Target 1, page 105: This goal was modified to reflect a more accurate percentage of SED children receiving respite services. The percentage was revised to a 2% increase from the original target of 5% to reflect the same growth rate as other goals in the Child Plan.

Goal 2, Target 1, page 106: The goal was modified to reflect a more accurate percentage of families with positive perceptions of their care. The FY 2006 and FY 2007 percentage rates were increased.

Criterion 4:
Goal 1, Target 1, page 108: This goal was revised from the FY 2006-2007 Plan to reflect more current data and improved data collection methodology.

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FY 2007 ARIZONA BLOCK GRANT APPLICATION

PUBLIC COMMENT ON STATE PLAN

Section 1941 of the Block Grant legislation stipulates that as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State Plan. States will make the mental health plan public in such a manner to facilitate comment from any person (including Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary. States should describe their efforts and procedures to obtain public comment on the plan in this section.

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), posted the draft 2007 Community Mental Health Services Block Grant Application and Plan of Services for Children and Adults on its website.

As of close of business August 29, 2006, no public comment was received on the draft State Plan. The final version will be posted on the ADHS/DBHS website on September 1, 2006 to allow for public comment throughout the final year of this three year cycle grant.

SET ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

MAINTENANCE OF EFFORT

STATE MENTAL HEALTH PLANNING COUNCIL REQUIREMENTS

Set-Aside for Children's Mental Health Services
Data reported by:
State FY _____X_____ Federal FY_____

State Expenditures for Children's Mental Health Services

Calculated
FY 1994
$5,789,298

Actual FY 2003
$6,710,149

Actual FY 2004
$6,228,819

Actual FY 2005

$6,431,306

Actual FY 2006

$6,087,342

Waiver of Children's Mental Health Services

Not applicable. No waiver was requested by Arizona.

Maintenance of Effort (MOE)
MOE information reported by:
State FY _____X_____ Federal FY_____

State Expenditures for Mental Health Services

Actual FY 2004	Actual FY 2005	Actual/Estimate FY 2006
$261,730,113	$306,278,681	$338,983,713

MOE Exclusion

Not applicable. No exclusion was requested by Arizona.

STATE MENTAL HEALTH PLANNING COUNCIL REQUIREMENTS

(1) Membership Requirements

The membership of the Arizona Behavioral Health Planning Council is comprised of thirty (30) Arizona residents who represent the ethnic, cultural, demographic, and geographic diversity of the state.

Public Law 102-321 mandates the inclusion of representatives of: the principal state agencies representing mental health, education, vocational rehabilitation, criminal justice, housing and social services, and the State Medicaid agency, as well as public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. Membership also mandates the inclusion of adults with serious mental illnesses who are receiving mental health services; and the families of such adults or families of children with serious emotional disturbance. A family member is defined as any person who is actively involved with or providing significant support to an adult diagnosed with serious mental illness or child diagnosed with serious emotional disturbance.

With respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council. It is also mandated that not more than 50% of the members of the Council are State employees or providers of mental health services.

Fifty-three percent (53%) of the membership of the Arizona Behavioral Health Planning Council are adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. The remaining 47% are State agency representatives and providers.

The Director of each Tribal and Regional Behavioral Health Authority (T/RBHA) in the state appoints a representative from its service area who is a consumer, family member or T/RBHA Board member.

In addition to the foregoing, a resolution was passed by the Council in January 1990 to include providers, consumers and family members representing substance abuse and behavioral health disorders, which are not included within the definition of serious mental illness.

(2) State Mental Health Planning Council Membership List and Composition

Membership composition is identified on pages 10-12.

TABLE 1. List of Planning Council Members

NAME	TYPE OF MEMBERSHIP	AGENCY OR ORGANIZATION REPRESENTED	ADDRESS	PHONE & FAX
Dan Wynkoop, Ed.D.	Chair- Parent of SED Child	Private practice psychologist, retired	3779 Stirrup Drive Kingman, AZ 86409	928-757-2938 No Fax #
Patricia Dorgan	Vice- Chair Arizona Long Term Care System (ALTCS)	Assistant Director Pima Health System	5055 East Broadway, #A-200 Tucson, AZ 85711	520-512-5586 Fax: 520-745-6386
John Baird	Consumer	Individual	1036 3rd Avenue San Manuel, AZ 85651	520-385-2667 Fax: same
Dee Ann Barber	Children's Provider agency	Chief Operating Officer Arizona's Children Association, Inc.	P.O. Box 7277 Tucson, AZ 85725	520-622-7611 Fax: 520-624-7042
Steve Bender	Criminal Justice Representative	Arizona Department of Corrections (ADC)	P.O. Box 52109 Phoenix, AZ 85072-2109	602-685-3100 x 2962 Fax: 602-685-3114
Paula McKenna Block	Homeless SMI Advocate	Executive Director Travelers Aid Tucson	40 West Veterans Boulevard, Tucson, AZ 85713	520-622-8900 Fax: 520-622-2965
Eddy D. Broadway	State Behavioral Health Agency	Deputy Director Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS)	150 North 18th Avenue, Ste 200, Phoenix, AZ 85007	602-364-4566 Fax: 602-364-4570
Bob Broman	Consumer	Individual	P.O. Box 936 Phoenix, AZ 85001-0936	602-252-2500 No Fax #
Roberta Brown	State Education Agency	Arizona Department of Education (ADE)	1535 West Jefferson Street Phoenix, AZ 85007	602-542-3184 Fax:602-542-5404
Steve Carter	Substance Abuse Provider	Chief Executive Officer NOVA, Inc.	7725 North 43rd Avenue, Ste 522 Phoenix, AZ 85051	623-937-9203 Fax: 623-930-0358
John Cooper	State Hospital Superintendent	Arizona State Hospital	2500 East Van Buren St Phoenix, AZ 85008	602-220-6000 Fax: 602-220-6292
Sam Engram	Parent of SED Child	Individual	12841 West Aster Drive El Mirage, AZ 85335	623-875-760 No Fax #
Sue Gilbertson	Family Member	Individual	3023 East Pershing Phoenix, AZ 85032	602-867-0310 no fax #
Steven Green	TRBHA Representative	Gila River Health Care Corporation-Regional Behavioral Health Authority	P.O. Box 38 Sacaton, AZ 85247-0038	602-528-7137 Fax: 602-528-1341

List of Planning Council Members, continued

NAME	TYPE OF MEMBERSHIP	AGENCY OR ORGANIZATION REPRESENTED	ADDRESS	PHONE & FAX
Randy Grover	State Social Services Agency	AZ Department of Economic Security (DES) Administration for Children, Youth & Families (ACYF)	1789 West Jefferson St Phoenix, AZ 85007	602-542-5120 Fax: 602-542-3330
Vicki Johnson	State Children's Advocacy Organization	Mentally Ill Kids in Distress (MIKID)	755 East Willetta #128 Phoenix, AZ 85006	602-253-1240 Fax: 602-253-1250
Barbara Kern	Parent of SED Child	Community Partnership of Arizona	6955 South Ridling Drive Hereford, AZ 85615	520-432-7751 Fax: 458-2021
Shirley Lochner	Consumer	Northern AZ Regional Behavioral Health Authority (NARBHA)	5330 Wild Game Trail Lakeside, AZ 85929	928-532-3108 Fax: 928-537-9025
Meggan Medina	State Housing Agency	Arizona Department of Housing	1700 West Washington, Ste 210 Phoenix, AZ 85007	602-771-1093 Fax: 602-771-1002
Dale Alden Minor	Family Member	Individual	P.O. Box 108 Show Low AZ 85902	928-532-7755 no fax #
Alida Montiel	Family Member	Inter-Tribal Council of Arizona (ITCA)	2214 North Central Avenue, #100 Phoenix, AZ 85004	602-258-4822 Fax: 602-258-4825
Alexandra O'Hannon	State Medicaid Agency	Arizona Health Care Cost Containment System-AHCCCS	701 East Jefferson, Mail Drop 6500 Phoenix, AZ 85034	602-417-4596 Fax: 602-417-7855
Betty Paddock	Consumer	Individual	P.O. Box 108 Show Low, AZ 85902	928-532-7755 No Fax #
Juan Paz, DSW	Family Member	Individual	2648 East 6th Street Tucson, AZ 85716	520-884-5507 Fax: 520-884-5949
Judy Pickens	RBHA Representative	ValueOptions (Maricopa County RBHA)	921 West University Drive #1229 Mesa, AZ 85201	480-965-7561 Fax: 480-965-0212
Liz Robertson	State Vocational Rehabilitation Agency	AZ Department of Economic Security-Rehabilitation Services	1789 West Jefferson St Site Code 930A Phoenix, AZ 85007	602-542-3332 Fax: 542-3778
Melissa Tubman	State Protection & Advocacy Organization	Arizona Center for Disability Law	3839 North 3rd Street, #209 Phoenix, AZ 85012	602-274-6287 Fax: 274-6779

Table 2. Planning Council Composition by Type of Member

Type of Membership	Number	Percentage of Total Membership
TOTAL MEMBERSHIP	**30**	
Consumers/Survivors/Ex-patients (C/S/X)	**4**	
Family Members of Children with SED	**3**	
Family Members of Adults with SMI	**5**	
Vacancies (C/S/X & family members)	**2**	
Others (not state employees or providers)	**2**	
TOTAL C/S/X. Family Members &Others	**16**	**53%**
State Employees	**8**	
Providers	**6**	
Vacancies	**0**	
TOTAL State Employees & Providers	**14**	**47%**

(3) Planning Council Charge, Role and Activities

The first Arizona Mental Health Planning Council was created in 1988 in response to Public Law 99-660. Members were appointed by the Governor to serve a term until September 30, 1990, when P.L. 99-660 expired. No action was taken by the Governor to reappoint or otherwise reconstitute the Council. Recognizing the need for a Planning Council, the Division Director appointed a new Behavioral Health Planning Council, expanding the membership and the role to encompass planning for not only adults with a serious mental illness and seriously emotionally disturbed children, but also for individuals with substance abuse disorders.

Appointments to the Arizona Behavioral Health Planning Council are made in several ways (depending on the membership requirements): for consumers, family members, parents and service providers, the Planning Council's Executive Committee will nominate an individual to join its membership, which will then be brought to the full Council for approval. The Council submits a letter of recommendation to the ADHS/DBHS Deputy Director, who will appoint (or not appoint) the nominee. The Planning Council and its committees search for and nominate appropriate individuals on a regular basis. Regarding the Regional Behavioral Health Authority (RBHA) representatives, the Chief Executive Officer of each RBHA appoints a representative from its service area who is a consumer, family member or Board member. State agency representatives (e.g., social services, vocational rehabilitation, and criminal justice) are appointed by their respective state agencies.

Each Council member serves for three (3) years. The terms served by members are automatically extended until they are reappointed or replaced.

The Council is charged with the mission of:

- Reviewing plans and submitting to the State any recommendations for modification.
- Serving as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed, including individuals with mental illnesses or emotional problems.
- Monitoring, reviewing, and evaluating, not less than once per year, the allocation and adequacy of mental health services in the State.
- Participating in improving mental health services within the State.

The Arizona Behavioral Health Planning Council meets ten times a year, excluding July and August. The Planning & Evaluation Committee meets during the summer to complete the Mental Health Plan portion of the Block Grant application. Meetings are held in the state capitol (Phoenix) as well as various locations around the state. Meetings held in local communities are done so that the Council may meet with the agencies that provide behavioral health services, as well as the recipients of such services. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and developing recommendations.

The Council is active in reviewing and tracking state and federal legislation relating to mental health services; this work is then turned into the development and dissemination of position papers, providing testimony at legislative hearings, and advocating for the populations it is mandated to serve. The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field, and acts as an advisory body to the State.

(4) State Mental Health Planning Council Comments and Recommendations

The letter on the following pages from the Arizona Behavioral Health Planning Council details the Council's comments and recommendations.

August 25, 2006

Ms. LouEllen M. Rice
Grants Management Officer
Division of Grants Management, OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

Dear Ms. Rice:

The Arizona Behavioral Health Planning Council is required by Public Law 103-321 to review Arizona's Mental Health Services Plan for Children and Adults for Fiscal Year 2007. This must occur before it is submitted to the United States Department of Health and Human Services so that Arizona may receive the federal Mental Health Block Grant for FY 2007. The Planning Council is required to submit a letter or report to the Center for Mental Health Services that may include Council recommendations for modifications to the Plan regardless of whether or not the State accepts those recommendations. Pursuant to these guidelines, the State Plan and Council letter are submitted to the Center for Mental Health Services, U.S. Department of Health and Human Services.

The Planning Council findings are that the Mental Health Plan met all the required criteria as indicated in the Mental Health Block Grant application. The Planning Council does wish to comment on a number of issues, challenges and system improvements reflected in the Plan.

The Planning Council is very pleased with this year's application, as the Plan is well organized and accurately states progress. The Council notes that the behavioral health budget is over one billion dollars, which reflects much needed growth in services to our most needful populations.

Regarding services to American Indian tribes, the Planning Council is pleased to see data from the Tribal Regional Behavioral Health Authorities (TRBHAs) regarding the numbers of individuals served in this year's application. We were also pleased that ADHS/DBHS, in partnership with DES, resolved the issue of reimbursing on-reservation therapeutic foster care homes, by changing its policy to add tribally licensed foster homes as a covered service and thus reimbursable with Title XIX dollars. Also resolved (although currently only for the Navajo Nation), was the issue of the difficulties tribes encountered when they needed to place a tribal members at the Arizona State Hospital. A protocol was developed in conjunction with the tribe, ADHS/DBHS and the Inter Tribal Council of Arizona to create an expedited process which meets the requirements of state law. It is suggested that other tribes consider this same approach. The Council encourages the State to continue to provide technical assistance to Arizona tribes in becoming TRBHAs, in order to ensure a comprehensive continuum of care for Arizona's American Indian citizens, historically an underserved population. We acknowledge and support the efforts of the White Mountain Apache Tribe and the San Carlos Apache Tribe in their quest to become a TRBHA.

As noted in our letter last year, legislative changes in the 2005 session included the passage of the Behavioral Health Practitioners Loan Repayment Program. This program will allow behavioral health practitioners to receive partial payment of educational loans in exchange for providing services to underserved areas. ADHS/DBHS is currently working to implement the program, which is targeted to begin in 2007. The implementation process includes writing of rules, which has been levied on ADHS/DBHS; however, this process is moving slowly. The Council would like to see the program implemented as soon as practical. The potential to increase the number of behavioral health professionals across the state under this new program is great.

The impact to the public system of behavioral health care with the passage of the Deficit Reduction Act is not yet clear, but there are serious concerns as it affects our most vulnerable populations: children with SED, adults with SMI, and other populations, including on-reservation American Indians and the homeless, given that record keeping and/or access can be problematic. Also of concern is the new Medicare Modernization Act, as it can be very confusing to dual eligible consumers and has the potential to negatively impact Arizona's behavioral health recipients. The Council will monitor the effects of the MMA on the public behavioral health system. Finally, the continued escalation of the cost of essential pharmaceuticals is a major concern affecting the ability of providers to meet the needs of all who require such intervention.

The Council recognizes the efforts made by ADHS/DBHS to include its members in the planning, leadership, and the implementation process as the Division moves to operationalize the concepts presented in evidence based practices. We are also supportive of the Division's work to make data accessible to the Council as well as the opportunities for training to Council members, including NAMPHAC technical assistance.

Having the Council travel to rural areas of the state, as well as meeting in the metropolitan areas of Phoenix and Tucson, has provided members with an overview of the existing system and has facilitated input from all regions into state planning activities.

The Planning Council continues to work to be an effective and efficient working group. Its membership extends across the state and also reflects the diversity of our state.

Thank you for the opportunity to provide comment on the State Mental Health Plan. The Council continues its mission to review, monitor, and evaluate all aspects of the development of this Plan.

Sincerely,

AER for
Dan Wynkoop

Dan Wynkoop, Ed.D
Chair, Planning Council

AER for
Dee Ann Barber

Dee Ann Barber, LCSW
Chair, Planning & Evaluation Committee

SECTION I:
DESCRIPTION OF STATE SERVICE SYSTEM

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DESCRIPTION OF STATE SERVICE SYSTEM

Overview of the State Mental Health System

The state agency in Arizona that is responsible for the delivery of public health and mental health services is the Arizona Department of Health Services (ADHS). The Division of Behavioral Health Services (DBHS) is the Division within the Department of Health Services responsible for administering a unified behavioral health service system including substance abuse treatment services, mental health services, prevention services and inpatient psychiatric care through the Arizona State Hospital. ADHS/DBHS is responsible for planning, administering and monitoring a comprehensive system of behavioral health services.

ADHS/DBHS also partners with other State agencies (Departments of Economic Security, Juvenile and Adult Corrections, Education, Administrative Office of the Courts, and the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency, to provide a comprehensive array of publicly funded services to children and adults. This partnership is particularly evident in the Children's Executive Committee; its function is to provide leadership, guidance and consultation across and throughout formal child-serving systems regarding practice, policy, capacity and related aspects of Arizona's children's system reform.

The current fiscal basis for funding the system of services includes monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provide funding for covered services to eligible persons and is passed through the state's Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives the federal substance abuse and mental health block grants to provide community treatment and prevention.

With the State's unprecedented growth in population in the last decade, and a voter approved proposition in 2001 to increase the income eligibility requirement for state Medicaid from 33% to 100% of the Federal Poverty Level, health access in Arizona has significantly improved. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002. Seventy five percent (75%) received Medicaid funded services and 25% received services that are funded either by State appropriation for mental health and substance abuse services or by federal block grant dollars.

Behavioral health services have been delivered through community based contractors for a number of years. State statutes authorize ADHS/DBHS to contract with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to administer behavioral health services. The RBHAs are private, nonprofit and for profit organizations, operating much like health maintenance organizations. The TRBHAs are American Indian Tribes that choose to operate as a RBHA and coordinate services for members of their respective Tribes. The two Tribes that have opted to operate as TRBHAs are the Pascua Yaqui Tribe and the Gila River Indian Community. The Navajo Nation previously contracted

with the State to operate as a TRBHA, but recently renegotiated its Intergovernmental Agreement (IGA) and now operates as a case management provider.

The future behavioral health system is envisioned to be person/family-centered and recovery oriented, that is accessible in both urban and rural areas of the state. In order to accomplish this, ADHS/DBHS undertook a system of changes to increase efforts to support this type of service delivery model and:

- Increased provider flexibility to better meet individual/family needs;
- Eliminated barriers to services;
- Included support services provided by non-licensed individuals and agencies;
- Streamlined service codes;
- Maximized and increased the services provided in the Title XIX/XXI waiver package;
- Supported recovery methods for persons with a serious mental illness.

More recently, ADHS/DBHS has forwarded specific initiatives to better involve consumers and family members in the planning, design, implementation and evaluation of behavioral health services across the state. The Family/Advocacy Request for Proposal (RFP) conducted in FY 2006 resulted in awards of contracts for administrative and service programs focused on family and consumer involvement. The contracts were awarded in July 2006 and represent a significant Division accomplishment in transforming the role of families and consumer in the public behavioral health system. Please see "Achievements in FY 2006", page 35, for greater detail.

Summary of Areas Identified in Previous Year's State Plan

Issues Requiring Particular Attention in FY 2005-2007 Plan:

- Limited funding for Housing: Analysis of housing options continues at ADHS/DBHS. As with other states, Arizona continues to assist people who have a serious mental illness in obtaining affordable housing. The Arizona Department of Housing (ADOH) continues to dedicate staff in developing affordable housing programs for people with disabilities, and ADHS/DBHS continues to participate in the statewide planning process for affordable housing.

  FY 2007 Plan Update:

  In FY 2004, ADHS/DBHS developed a "Strategic Plan for Housing in Maricopa County for Individuals with Serious Mental Illnesses". The Plan identified a variety of initiatives that are used to expand both federal and state funded affordable housing units. ADHS/DBHS also recently hired a statewide housing coordinator, who will assist the Division in restructuring the current program and developing additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail.

  ADHS/DBHS also works in partnership with the Maricopa Association of Governments (MAG), Arizona Coalition to End Homelessness (ACEH), ValueOptions (Maricopa County RBHA), the Interagency and Community Council on Homelessness (ICCH, a statewide planning council to address homelessness), the local and statewide Homeless Management Information System (HMIS), and Stepping Stones to Recovery (SOAR).

The Arizona Department of Housing (ADOH) received notice in January 2006 that it was awarded renewals and two new projects in Continuum of Care grants from the 2006 HUD Super Notice of Funding Availability (NOFA). ADOH submitted an application requesting funding for: 93 total awards; 5 new projects; 7 emergency shelter grants; 6 Shelter Plus Care grants; 86 Supportive Housing projects; and 88 renewal projects.

Thirty-eight (38) awards were specifically for housing persons with a serious mental illness. One of the new projects was funding to house chronically homeless people with serious mental illness. The renewal projects will provide ongoing rent subsidy for formerly homeless persons currently living in Shelter Plus Care housing throughout Arizona. The new project is 22 units of scattered sites, which will provide permanent housing for chronically homeless people in Cochise County, located in Southeastern Arizona. This project is tailored after the HUD Section 8 program for homeless persons with serious mental illness. Funded projects were for rural and urban areas of the state.

- Implementation of the Twelve (12) Principles: On June 26, 2001, a U.S. District Court in Tucson, Arizona, accepted a settlement agreement in the case of *J.K. vs. Eden et. al.* which commits ADHS and AHCCCS to a set of 12 principles to direct care and support for over 17,000 Title XIX eligible children and their families.
  FY 2007 Plan Update:
  ADHS/DBHS and AHCCCS submitted the first Annual Action Plan to Plaintiffs' Counsel under the Jason K. Settlement Agreement in November 2001. The Plan is now in its fifth year of implementation. Several obligations outlined in the settlement agreement have been met, and those that remain are being substantially addressed. The Fifth Annual Action Plan reviews these accomplishments and presents both continuing and new strategies and action steps. The Plan will continue to direct efforts to ensure that care provided to Arizona children reflect and maintain ADHS/DBHS' obligation to the Arizona Vision and its 12 Principles. For FY 2007, ADHS/DBHS is undertaking a three-year planning cycle for accomplishment of the J.K. objectives, and embedding the 12 Principles firmly in practice across the state.

- Limited funding to serve people who are not Title XIX or Title XXI eligible: Effective March 1, 2001, AHCCCS and ADHS/DBHS implemented Proposition 204, which changed Arizona's Title XIX eligibility to 100% of the federal poverty level. Effective October 3, 2001, certain services that were previously not covered under Title XIX or Title XXI are now covered. Both of these developments allowed more people who are eligible for Title XIX or Title XXI to receive additional services. While it does not solve the issue entirely and there will continue to be people who do not have health insurance coverage in Arizona, it does make significant progress toward providing health insurance coverage.
  FY 2007 Plan Update:
  Two significant changes in federal eligibility rules were implemented in FY 2006 and 2007. The Medicare Modernization Act established a separate system for prescription drug benefits for "dual eligibles" (individuals who are Medicaid and Medicare eligible), including behavioral health recipients receiving psychotropic medications.

The Deficit Reduction Act imposed new requirements to verify citizenship as a condition of Medicaid eligibility. ADHS/DBHS continues to monitor the impact of the federal statutes on enrollment in Arizona's public behavioral health system.

Arizona has experienced unprecedented growth in population in the last decade; a voter-approved proposition in 2001 increased the income eligibility requirement for state Medicaid to 100% of the Federal Poverty Level and improved access to health care. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002.

- Insurance Parity: Although this bill has been introduced in the last few legislative sessions, it has not been successful. However, efforts continue to make this a reality for the general population.
  FY 2007 Plan Update:
  As of 1999, the Federal Government and 25 States have passed some form of insurance parity. Bills have been introduced in Congress to expand parity at the federal level. In the past two legislative sessions, the Arizona Legislature has introduced parity bills that did not pass. Advocates continue their work in getting an insurance parity bill passed. The "Partners for Parity" is a coalition of more than 100 organizations that are committed to making mental health parity a reality in Arizona. Members of the Arizona Behavioral Health Planning Council participate in Partners for Parity.

Significant Achievements in FY 2006:

Re-design of the ADHS/DBHS Clinical Division: For over 22 years, ADHS/DBHS Clinical Services was structured based on three major funding streams: children, adults (general mental health and adults with a serious mental illness) and substance abuse. These silos did not always strategically address the needs of individuals and their families in a comprehensive manner. The Division's key initiatives of recovery, resiliency, wellness, employment, housing and network adequacy are critical issues for all populations. The new design focuses on integration, critical operations, promoting excellence in practice across programs, and maximizing funding sources. The following three key clinical areas are components of new Division of Clinical and Recovery Services within ADHS/DBHS:

Clinical Operations:

- Clinical Practice Improvement: Develop, implement and monitor clinical systems and adoption of best practices in community mental health, substance abuse treatment and prevention through practice standards, workforce development and performance evaluation.
- Monitoring and Oversight: Monitor the adequacy of regional networks to deliver appropriate and timely prevention, treatment and community crisis services.
- Interagency Services: Develop and manage strategic stakeholder relationships that maximize resources and ensure access to services for high-risk state populations.

Network Operations: This is now a Director level unit under the Division Chief of Clinical and Recovery Services. This unit secures and manages resources to support best practices in community-based systems of care.

Recovery, Resiliency and Wellness: Articulate and support a recovery and wellness vision for the behavioral health service delivery system, providers and practitioners.

- Peer and Family Services: Enhance the voice and involvement of consumers and families throughout our behavioral health services system including participation and involvement in key decisions.
- Prevention & Wellness: Prevention programs funded through ADHS/DBHS decrease the prevalence and severity of behavioral health problems among populations that do not have a diagnosable behavioral health disorder. Prevention is accomplished by developing the strengths of individuals, families, and communities.
- Expanding Housing and Employment Opportunities: Promoting independence through a continuum of vocational, work and housing support services.

Grants Management, Training, & Administration: This Bureau provides oversight of all components of training; management, oversight of all discretionary and federal block grants; and special projects administration, which includes conference planning and monitoring Intergovernmental Agreements (IGAs) and Interagency Service Agreements (ISAs). Evaluation responsibilities include assessing data, developing and preparing reports, ensuring proper data collection, technical assistance and training to meet the reporting requirements of the Division.

In addition, two new teams were added to the DBHS Office of the Deputy Director in FY 2006. The Arnold Team, composed of a Director of Systems Change, a Project Manager and Data Analyst, was created in order to provide a centralized approach to implementing the requirements of the Arnold v. Sarn exit stipulation and subsequent corrective action. Similarly, the J.K. Children's Team was also created with the same staffing pattern to address the requirements of the J.K. Settlement Agreement.

Other ADHS/DBHS Achievements in FY 2006:

Establishment of Methamphetamine Centers of Excellence in Arizona: ADHS/DBHS established three methamphetamine centers in the RBHA system (ValueOptions, Community Partnership of Southern Arizona [CPSA], and Gila River Indian Community). The Centers of Excellence will use an integrated best practice model for stimulant abuse that combines outpatient group, medication, urine testing and contingency management.

Strengthening Tribal Partnerships: ADHS/DBHS is an active, regular participant on the Governor's Tribal Summit. The Summits are designed to focus on tribal partnerships and culturally competent services. In addition, a methamphetamine first responder training was conducted in FY 2006 on the Navajo Nation (Window Rock), Colorado River Indian Tribe (Parker), and the Hopi Tribe (Second Mesa). Other activities include funding for the Hopi Drug Summit; funding for new suicide prevention programs on the Gila River and San Carlos Apache Tribes; and funding for telemedicine systems for Pascua Yaqui and Gila River Indian Tribe.

There will be $78,000 in re-directed funding in FY 2007 to eight tribes for methamphetamine, alcohol and suicide prevention.

Expanding Peer and Family Support: As of FY 2006 there were twelve consumer operated Community Service Agencies in Arizona. 452 FTE consumer positions delivered peer support services statewide, including 79 FTEs specializing in substance abuse peer support. There were also 181 FTE family members providing Family Support Services. ADHS/DBHS issued an Advocacy Request for Proposal (RFP) in FY 2006 for services to transform Arizona's public behavioral health system, and awarded $800,000 in funding to community organizations, beginning FY 2007. Services will include: consumer and family participation in such programs as the "Mystery Shopper", and the Quality Management (QM) and Policy Committees; peer and family support and information centers; development of a Latino Family Involvement Center; establishment of a consumer and family travel fund for conferences and other trainings; substance abuse peer support training; and the annual depression screening events. The contracts were awarded to a variety of community agencies and advocacy organizations, including NAMI-AZ, META Services, and the Family Involvement Center.

Supports for Patients Leaving the Arizona State Hospital: The Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of children and adults leaving the Hospital until other benefits become activated. This includes incidentals, clothing and toiletries.

Serving Victims of Hurricane Katrina: The ADHS/DBHS Incident Command launched in September 2005. The State as well as community partners operated 24/7 behavioral health crisis shelters in Phoenix and in Tucson. Two providers also operated 60-day crisis counseling and outreach services for victims displaced in the community. These were Ebony House (Phoenix) and Native Images (Tucson).

ADHS/DBHS Provider Manual: ADHS/DBHS developed a Provider Manual in FY 2004 as part of the larger reorganization of all documents that articulate the requirements of the behavioral health system. The ADHS/DBHS Provider Manual contains requirements applicable to direct providers of Arizona publicly funded behavioral health services.

Improving the Clinical Assessment Process: In FY 2004, ADHS/DBHS streamlined and standardized the clinical assessment tool used to evaluate persons seeking behavioral health services in Arizona. The tool consists of three components: 1) Behavioral Health and Medical Questionnaire; 2) Core Assessment, and 3) Addenda. ADHS/DBHS staff trained T/RBHAs and providers throughout FY 2004 and FY 2005 on the new process.

Clinical Guidance Documents: Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. TADs

provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols. The following Practice Improvement Protocol was implemented in FY 2006:

- Pervasive Developmental Disorders and Developmental Disabilities: This purpose of this PIP is to institute and maintain a process that promotes best practices for individuals with pervasive developmental disorders and developmental disabilities. A protocol was established to effectively reduce target symptoms, improve overall functioning, and strengthen the community and family supports that enhance outcomes. The protocol also ensures that behavioral health services are coordinated and integrated with those provided by DES, Division of Developmental Disabilities (DDD), DES, Child Protective Services (CPS) and all other agencies involved.

The following Technical Assistance Documents were implemented in FY 2006:

- Neuropsychological Evaluations: This TAD was developed to assist providers in identifying appropriate referrals and procedures for neuropsychological evaluations. Individuals who have experienced congenital or acquired brain damage and present with suspected impairments in higher cognitive functions or organic brain functions may require an evaluation in order to make informed decisions about their treatment.

- The Child and Family Team Process: To define and describe the steps of the Child and Family Team process, and ADHS expectations for application of this approach with every enrolled child. This information is intended to operationalize the Child and Family Team Practice Improvement Protocol and to support (but not substitute for) specific teaching/coaching on the Child and Family Team process.

- Informed Consent for Psychotropic Medication Treatment: To improve the practice of obtaining and documenting informed consent from persons/parents/legal guardians for all prescribed psychotropic medications to facilitate positive clinical outcomes through increased understanding, compliance, and empowerment of the behavioral health recipient.

- Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation: This is intended to provide a set of best practice guidelines for use by behavioral health prescribing clinicians, i.e., licensed physicians, certified nurse practitioners, and physician assistants, to assist prescribers in writing specific rationales for the combination of psychotropic medications (polypharmacy) used in the treatment of behavioral health disorders.

Grants:

SAMHSA Child & Adolescent State Infrastructure: ADHS/DBHS was awarded the SAMHSA Child and Adolescent State Infrastructure grant in FY 2005. The grant award was $750,000 for five years, and is starting its third year of implementation. The grant provides funds to increase the State's capacity of mental health and substance abuse services to children and adolescents,

expand early intervention services to the 0-5 child population, youth in transition, and enhanced coordination with families.

Data Infrastructure Grant II: ADHS/DBHS was awarded the Data Infrastructure Grant II in FY 2005. ADHS/DBHS continues to use these grant funds to improve the existing capacity of mental health and substance abuse systems to support programs and services. Consistent with the President's New Freedom Commission recommendations, Arizona in its strategic plan, underscores the use of technology to increase access and better understanding of the mental health and substance abuse systems. This will be actualized through web-based dissemination of timely, accurate, complete, and relevant information.

SAMHSA State Adolescent Substance Abuse Treatment Coordination: ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant, which was submitted February 2005. The grant is entering its second year of implementation. Arizona is creating a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. The project establishes a single locus of responsibility within the state for expanding access and the quality and delivery of substance abuse services for the state's high-risk population of young people age 12-24 years old and their family members. The project capitalizes on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to services, establish a broad continuum of age, culture and disability appropriate services and supports and to improve the quality and effectiveness of treatment for young people in the state.

SAMHSA State-Sponsored Youth Suicide Prevention & Early Intervention: ADHS/DBHS was also awarded the SAMHSA State-Sponsored Youth Suicide Prevention and Early Intervention grant, submitted May 2005. The purpose of the project is to reduce the rate of suicide in Arizona among youth ages 14-24 in the targeted communities through the development and implementation of comprehensive prevention and early identification strategies focusing on improving connections to services, enhancing adolescent resiliency, and reducing stigma and barriers to suicide identification. This project targets Pima and Pinal Counties, and has three primary implementation sites: University of Arizona Cooperative Extension in Casa Grande, Gila River Regional Behavioral Health Authority in Sacaton, and Community Partnership of Southern Arizona in Tucson.

Medicare Modernization Act: ADHS/DBHS successfully implemented Part D of the Medicare Modernization Act in FY 2006 and efforts will continue throughout FY 2007. This is the federal law guiding prescription drug benefits for "dual eligibles" (individuals who are Medicaid and Medicare eligible).

Federal Deficit Reduction Act: ADHS/DBHS is currently implementing the requirements of the new Federal Deficit Reduction Act, in conjunction with the State Medicaid agency, AHCCCS. This requires the documentation of citizenship requirements for service. AHCCCS, the State Medicaid agency, has been historically been rigorous in ensuring citizenship for Title XIX/XXI benefits. The impact that this will have on Title XIX/XXI eligibility is unclear, but reductions in enrollment are expected.

Ongoing Activities:

Children's Behavioral Health Reform: ADHS/DBHS continues to implement the Title XIX Children's Behavioral Health Action Plan. The Plan is a result of the settlement agreement in the case of *J.K. v Eden*. The Plan consists of 12 principles to direct care and support for Title XIX eligible children and their families. Incorporating family and parental involvement in the planning and evaluation of the system reform is a major component in the development of a coordinated system of care for children and their families. ADHS/DBHS and the other State child serving agencies remain committed to the continued implementation of the children's behavioral health system reform.

Expanding and Enhancing the Statewide Network of Providers: ADHS/DBHS continues to examine on a regular basis the current statewide network of providers, identify and address existing gaps in the network, as well as partner with other agencies and organizations to improve the quality and competency of providers. ADHS/DBHS develops the Annual Provider Network Sufficiency Plan and Evaluation. Division staff meet on a regular basis with T/RBHA staff to assess progress in network development. A logic model was developed to determine the adequacy of the network.

Arnold v. Sarn Exit Stipulation: In 1981 a class action suit was filed on behalf of persons diagnosed as SMI in Maricopa County, alleging the State and Maricopa County did not fund a comprehensive mental health system as required by statute. In 1986, the trial court entered judgment holding that the State had violated its statutory duty, which the Supreme Court affirmed in 1989. Criteria to exit the lawsuit was identified in 1996, and a supplemental agreement to the exit stipulation was negotiated in 1998. The State's compliance is monitored by an independent Office of the Monitor. In 2004, an audit released by the Office of the Monitor reported that ADHS/DBHS was out of compliance with the requirements of *Arnold v. Sarn*. ADHS/DBHS developed a corrective action plan to bring closure to the lawsuit. In December 2004, the Maricopa County Superior Court agreed to the ADHS/DBHS' plan's completion date for the 23 year-old class action lawsuit. The plan is consistent with Arizona's overall system development goal of creating a recovery based system by increasing the involvement of consumers and their families, improving the assessment and service planning process, increasing access to services and strengthening the quality management process.

ADHS/DBHS awarded $360 million in three contracts for the provision of behavioral health services outside of Maricopa County (known as the Greater Arizona RFP). Community Partnership of Southern Arizona (CPSA) and Northern Arizona Regional Behavioral Health Authority (NARBHA) will remain as contractors for their respective geographic service areas. The new contracts were effective FY 2006. A new Regional Behavioral Health Authority (RBHA) was awarded the contract for Pinal and Gila Counties, replacing the Pinal Gila Behavioral Health Association (PGBHA) as well as Yuma and La Paz Counties, replacing The Excel Group. Centene, a national behavioral health care company, began providing public behavioral health services as of July 1, 2005, under the name of Cenpatico.

New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waiver, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangement

Two significant changes in federal eligibility rules were implemented in FY 2006 and 2007. The Medicare Modernization Act established a separate system for prescription drug benefits for dual eligibles, including behavioral health recipients receiving psychotropic medications.

The Deficit Reduction Act imposed new requirements to verify citizenship as a condition of Medicaid eligibility. ADHS/DBHS continues to monitor the impact of the federal statutes on enrollment in Arizona's public behavioral health system.

Effective FY 2005, all master's level social workers, counselors, substance abuse counselors and marriage and family therapists are now required by law to be licensed to perform behavioral health services. Prior to this, people could choose voluntary certifications through the Arizona Board of Behavioral Health Examiners.

Legislative initiatives and changes

The following legislation affecting behavioral health was passed in the Arizona Legislature in its FY 2006 Session and signed by the Governor:

SB 1081: Behavioral Health; Licensure; Exemption: Statute requires that all behavioral health professionals engaged in the practice of psychotherapy be licensed by the Board of Behavioral Health Examiners. This bill also exempts a Christian Science practitioner from licensure as a behavioral health professional if 1) the person is not providing psychotherapy; 2) activities performed are within the normal duties of a Christian Science Practitioner; and 3) the person remains accountable to the Church of Christ, Scientist. According to the Christian Science Committee on Publications for Arizona, a Christian Science practitioner provides spiritual treatment through prayer to those who ask for it but does not practice psychotherapy.

SB 1116: Competency; Sealed Reports; Exceptions: Statutes regarding individual competency and sealed court records are amended. Following an admission or adjudication of delinquency or after a minor criminal defendant is found incompetent; the list of permitted users of sealed reports is expanded to include the court, the minor defendant or the prosecutor for the purposes of assessment and supervision, and the mental health treatment provider providing treatment to the juvenile offender.

SB 1195: State Hospital; Capacity: Makes the bed cap at the State Hospital permanent (used to be continued in two year increments). In establishing a formula for determining the forensic and civil bed capacity at the state hospital, the Deputy Director of the Department of Health Services shall consider recommendations from the county board of supervisors, the Arizona Prosecuting Attorney's Advisory Council (APAAC) and the Superior Court. Thirty days before notification of the formula the deputy director shall provide this information to the county board of supervisors, APAAC and the Superior Court. Several sections of statute relating to who is committed to the state hospital are repealed with regard to determining the capacity formula.

SB 1305: Capital Defendants; Medical Evaluations: In death penalty cases, the defendant may refuse to participate in a prescreening to determine their intelligence quotient. The waiver does not preclude the defendant from offering evidence of the defendant's mental retardation in

the penalty phase. Further, if a prescreen shows a defendant's IQ to be 75 or less, the state and the defendant must either nominate three mental retardation experts or jointly nominate one expert for court approval to provide a second opinion.

SB 1324: Schools, Mental Health Screening; Consent: Signed parental consent must be obtained prior to conducting a mental health screening on a student. The written consent must include the nature of the screening program as well as notice that copies the screening materials are available upon request.

SB 1328: Youthful Sex Offenders: This bill establishes a 15 member Youthful Sex Offender Study Committee until October 1, 2007. The Study Committee will review county attorney charging practices for youthful sex offenders, review sentencing practices for sex offenders where minors were charged as adults, review the current psychological and treatment services; review housing policies for youthful sex offenders, review sex offender notification process for transferred youth and identify a mechanism for review of sex offender risk assessment, review adult supervision and case management practices and policies, review custodial and independent living programs and residential, foster and shelter care and aftercare programs for youthful sex offenders, identify funding sources for programs relating to transferred youthful sex offenders. The Committee will make recommendations by December 1, 2006, concerning laws, rules or procedures that are necessary to improve the prosecution of, treatment for, housing for, familial unification of and community notification regarding youthful sex offenders.

HB 2448: AHCCCS; Verification of Eligibility: Requires AHCCCS applicants, beginning July 1, 2006, to provide satisfactory documentation of citizenship or qualified alien status as required by the Deficit Reduction Act or any other applicable federal law or regulation. AHCCCS must also submit a quarterly report to the Governor and Legislature.

HB 2554: Substance Abuse Treatment; Methamphetamine Interdiction: The Addiction and Recovery Fund is established through regional behavioral health authorities and administered by the AZ Department of Health Services to fund methamphetamine abuse and addiction prevention efforts and rural detoxification programs. The fund is authorized to accept federal monies, private grants, gifts and contributions and the monies do not revert to the state general fund. Monies deposited in the fund cannot replace or reduce funding from other sources. An appropriation of $500,000 from the general fund to ADHS to fund methamphetamine prevention programs serving children.

HB 2094: Hearing: Private Service Provider; Dependency: This bill allows a court to order an agency or private service provider to appear at a hearing to discuss the provision of services for a parent or a child who is entitled to such services. Under current law, DES/CPS files dependency petitions, and when an order of dependency is entered by the court, DES/CPS is obligated to provide services to children and families and is required to make reasonable efforts to reunify children with their parents. Children and parents may require behavioral health services, such as psychological evaluations, counseling, drug treatment, mental health services, child and family team meetings, inpatient treatment, group homes or professional level foster care. Children, and sometimes their parents who are in dependency cases are eligible to receive these services through the RBHAs.

A brief description of regional/sub-State programs, community mental health centers, and resources of counties and cities, as applicable, to the provision of mental health services within the State

The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) Regional Behavioral Health Authorities (RBHAs) and two (2) Tribal Regional Behavioral Health Authorities (TRBHAs). The system is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. The direct local administration of the system is accomplished by the T/RBHAs.

T/RBHAs are responsible for assessing the service needs in their region and developing a plan to meet the needs. The T/RBHA system has been integrated for a number of years, making one system responsible for coordinating alcohol, drug and mental health services for all populations. The T/RBHAs contract with a network of providers to deliver a full range of behavioral health services, including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general mental health disorders, adults with a serious mental illness, and children with a serious emotional disturbance.

The T/RBHAs operate in a variety of ways:
1) Subcontracting with provider networks,
2) Providing services directly, or
3) Individual fee-for-service contracts.

ADHS/DBHS has the responsibility for direct oversight, both fiscally and programmatically, for the activities of each of the six T/RBHAs. The T/RBHAs in turn are required to monitor their provider networks. Monitoring for contract compliance, adherence to Medicaid regulations, fiscal accounting, program design, delivery, and effectiveness, occurs in a structured manner and on an annual basis. Client satisfaction surveys are now produced each year. Within ADHS/DBHS, there is a monitoring team assigned to each T/RBHA. Each year, the teams conduct a formal monitoring visit to each T/RBHA. Additional monitoring occurs throughout the year, based on the outcome of the yearly monitoring reviews. In addition, ADHS/DBHS established a Compliance Office in FY 2006 to provide a central locus for these activities. Five new positions were created, whose primary responsibility is to ensure T/RBHA compliance.

Arizona has the second largest American Indian population in the United States. American Indian tribes comprise 5% of the state's population. To accommodate the behavioral health needs of this population, there are several service options for delivery of mental health services to American Indians, both on and off reservation. American Indians who live off reservation may access services through the RBHA system in the same manner as any other Arizona resident. For American Indians living on reservation, the tribe has the option of:

- Entering into an Intergovernmental Agreement (IGA) with ADHS/DBHS to deliver behavioral health services, with the tribe acting as its own TRBHA.
- Contracting with the local RBHA to provide services. Four tribes that have subcontracted with local RBHAs to provide services are the Hopi Tribe, White Mountain Apache Tribe,

the Hualapai Tribe and the San Carlos Apache Tribe.

- Referring on-reservation tribal members to obtain behavioral health services either at Indian Health Service (IHS) facilities or tribal members may present for services individually at off reservation RBHA providers within the RBHA geographic service area.
- Entering into a P.L. 93-638 contract or compact with IHS to provide behavioral health services on reservation. Nine tribes under the authority of P.L. 93-638 operate mental health programs to directly serve the IHS eligible patient population. These tribes include Colorado River, Gila River, Hopi, Hualapai, Navajo, Pascua Yaqui, San Carlos Apache, White Mountain Apache and the Tohono O'Odham Nation. IHS provides available mental health services to tribal members not served at these contracted programs. These tribes along with Cocopah, Quechan, Fort McDowell, Fort Mojave, Kaibab Paiute, Salt River, San Lucy District, Tonto Apache, Yavapai Prescott and Yavapai Apache operate outpatient alcohol and substance abuse programs within their communities. For tribes without 638 alcohol/drug abuse contracts, tribal members are served directly by IHS. Ak-Chin tribal members receive services through the Gila River Indian Community.

  Allocations to tribes for 638 Compacts are subject to the annual federal and congressional appropriations process. These amounts have remained much lower than requested by the tribes and IHS to address the needs of tribal communities. A 638 Compact, however, allows a tribe to be flexible in the utilization of its federal resources. The overall lack of federal and state resources are critical issues for tribes and impede their efforts to improve access to behavioral health services by individual tribal members and families.

Description of how the State mental health agency provides leadership in coordinating mental health services within the broader system

ADHS/DBHS is an active partner with AHCCCS to develop more services for the general populations. In FY 2001, AHCCCS made it possible for primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS Health Plans to address appropriateness and coordination of care between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has worked closely with the Arizona Department of Economic Security (DES) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local plans were developed and implemented in the six geographic services areas (GSAs) of Arizona to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES have also accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and RBHAs implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from their family into protective foster care, as initiated by the Child Protective Services (CPS) investigator. ADHS/DBHS, DES and AHCCCS are jointly

developing training curricula to support seamless service for children leaving foster care through the Adoption Subsidy Program.

ADHS/DBHS and the other child serving state agencies have also been working together to monitor out-of-state residential treatment center placements and how to transition these children back into their communities. Placement prevention strategies are also being reviewed.

ADHS/DBHS implemented the Correctional Officer/Offender Liaison (COOL) program in 1998 to better serve the substance abuse treatment and behavioral health service needs of high-risk offenders on parole. ADHS/DBHS and the Arizona Department of Corrections (ADC) have an Interagency Service Agreement (ISA) to ensure rapid access to treatment and increased coordination for clients transitioning from prison to the community.

In keeping with the concept of consumer involvement in all levels of the public behavioral health system, ADHS/DBHS also invited stakeholders, including members of the Arizona Behavioral Health Planning Council to participate in the development of its FY 2005 – 2009 Strategic Plan.

Finally, ADHS/DBHS is actively involved with community efforts to implement Healthy People 2010 with the general public. ADHS/DBHS also provides staffing and assistance to several coalitions and community groups that work to improve behavioral health services to the public.

SECTION II:
IDENTIFICATION & ANALYSIS OF THE SERVICE SYSTEM'S STRENGTHS, NEEDS & PRIORITIES

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IDENTIFICATION AND ANALYSIS OF THE SERVICE SYSTEM'S STRENGTHS, NEEDS AND PRIORITIES

Identification and Analysis of the Service System's Strengths, Needs and Priorities

Adult System:

Strengths and Weaknesses:

- Increase/Retained Employment or Return to/Stay in School: ADHS/DBHS continues to work to increase employment and vocational opportunities to adults with SMI throughout the state, especially in a recovery oriented system of care. The implementation of the Covered Services Project in FY 2001 included supported employment, which can be Title XIX/XXI reimbursable. (Addressed in Adult Plan, Criterion 1).

- Use of Evidence Based Practices (EBPs): ADHS/DBHS endorsed the use of the following EBPs in FY 2005-2006, which are currently in use throughout the state: Supported Employment, Supported Housing, Atypical Medications, Family Psycho-Education, Co-Occurring Disorders, Recovery/Illness Management, and Motivational Interviewing. However, although Arizona endorses the use of several EBPs for adults with SMI, its current data system has the capacity to only collect two EBPs at this time, as reported in the DIG II URS Tables. (Addressed in Adult Plan, Criterion 1).

  Client Perception of Care: ADHS/DBHS conducts a consumer survey each year. The most recent statewide consumer survey was conducted in spring of 2005 jointly by ADHS/DBHS, T/RBHAs, and their contracted service providers. The 2005 Statewide Consumer Survey was built on past experiences of 1999, 2001, and 2003 consumer survey efforts. Two distinct surveys, based on the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys, were administered. The surveys solicited independent feedback from adults and families of youth receiving services through Arizona's publicly funded behavioral health system. The surveys provided information regarding consumer perception in several domains: General Satisfaction, Access to Services, Quality and Appropriateness of services, Participation in Treatment Planning, Cultural Sensitivity, and Outcomes. Overall, consumer perception of the quality and appropriateness of the services received remains high. As was seen in previous survey administrations, consumer perception of outcomes of their treatment remains an area for improvement. (Addressed in Adult Plan, Criterion 1).

- Reduced Utilization of Psychiatric Inpatient Beds: The reporting of adults with SMI re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure and required by CMHS. Civil adult patients are committed here if they have not responded well following 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Many are homeless, or cannot be treated in a specialized home setting with outpatient services. Many of the patients are the most

dangerous (to themselves or others) in the community, with histories of self-mutilation, assault or arson. Arizona has one state psychiatric hospital, compared to other states with many more; it is difficult to continue to reduce the utilization due to this factor. (Addressed in Adult Plan, Criterion 1).

- Increased Access to Services: Significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS provides a comprehensive array of covered behavioral health services and recovery services. ADHS/DBHS created the Behavioral Health/Higher Education Partnership in FY 2005. The Partnership's purpose is to target and prepare a workforce that represents the composition of local communities and to increase the numbers of behavioral health professionals providing services throughout the state, especially in remote areas.

  ADHS/DBHS was also successful in securing passage of SB 1129, the Behavioral Health Practitioner Loan Repayment Program, in FY 2005. This legislation established a tuition loan repayment reimbursement program for behavioral health professional and behavioral health technician staff who agree to serve for two years in an Arizona Mental Health Professional Shortage area.

  Also, because rural areas experience more difficulties in providing a comprehensive array of services, a great strength of rural areas is the willingness of community service agencies (CSAs) to stretch services to accommodate needs. Current and potential CSAs have presented creative and innovative attempts to provide needed services. In FY 2006, there were twelve consumer operated Community Service Agencies in Arizona. 452 FTE consumer positions delivered peer support services statewide, including 79 FTEs specializing in substance abuse peer support. There were also 181 FTE family members providing Family Support Services. (Addressed in Adult Plan, Criterion 2 and Criterion 4).

- Family Stabilization and Living Conditions: ADHS/DBHS hired a statewide housing coordinator in FY 2006, who will assist the Division in restructuring the current program and developing additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail. (Addressed in Adult Plan, Criterion 4).

Analysis of Unmet Service Needs & Critical Gaps in Current System:

- Increase/Retained Employment or Return to/Stay in School: ADHS/DBHS developed an Interagency Service Agreement (ISA) with DES-Division of Rehabilitative Services (RSA) for the coordination of vocational and mental health services for adults with SMI. In addition, each RBHA develops a vocational plan in conjunction with DES/RSA for its enrolled adults. DES/RSA has developed a "Fast Track" program, designed to get individuals gainful employment without the complex testing process typical of traditional vocational rehabilitative programs. (Addressed in Adult Plan, Criterion 1).

- Evidence Based Practices: ADHS/DBHS developed a Practice Improvement Protocol (PIP) regarding the use of evidence based practices in FY 2005. The PIP's purpose is to

identify those approaches, treatments and modalities that ADHS/DBHS recognizes and endorses for use by behavioral health providers delivering services in the public behavioral health system. Included in the PIP is a list of EBPs; the list is not intended to be comprehensive nor does ADHS/DBHS mandate that RBHAs and behavioral health providers strictly adhere and restrict treatment approaches to the best practices identified. (Addressed in Adult Plan, Criterion 1).

- Client Perception of Care: Results of the 2005 MHSIP Adult Consumer Survey show slightly lower rates of consumer satisfaction than were found in 2003. However, the majority of consumers still express satisfaction with the services they receive, particularly with the quality and appropriateness of services. Satisfaction with the outcome of the services received remains the lowest of all domains. The MHSIP Consumer Survey was distributed to a statewide sample of over 4,000 clients. The statewide response rate was 77%. For the Adult Consumer Survey, 1,347 completed surveys were analyzed. (Addressed in Adult Plan, Criterion 1).

- Reduced Utilization of Psychiatric Inpatient Beds: $80 million was appropriated in 2000 for the renovation, demolition and construction of a new 16-bed Adolescent Treatment Facility (opened July 2002), a new Adult Civil 200-Bed Facility (opened January 2003), and hospital infrastructure. These new facilities have done a great deal to improve the environment of care for patients and staff at the Arizona State Hospital campus.

  In FY 2005, the Joint Committee on Capital Review approved the transfer of $3.5 million from the Hospital Capital Construction Fund to the Department of Administration to fund capital projects and improvements to older hospital buildings.

- Increased Access to Services: ADHS/DBHS issued an Advocacy Request for Proposal (RFP) in FY 2006 for services to transform Arizona's public behavioral health system, and awarded $800,000 in funding to community organizations, beginning FY 2007. Services will include: consumer and family participation in such programs as the "Mystery Shopper", the DBHS Quality Management (QM) and Policy Committees; peer and family support and information centers; development of a Latino Family Involvement Center; establishment of a consumer and family travel fund for conferences and other trainings; substance abuse peer support training; and the annual depression screening events. The contracts were awarded to a variety of community agencies and advocacy organizations, including NAMI-AZ, META Services, and the Family Involvement Center. In FY 2006, ADHS/DBHS also provided funding for start up of a statewide consumer operated agency provider association known as the "AZ CEOs". (Addressed in Adult Plan, Criterion 2 and Criterion 4).

- Family Stabilization and Living Conditions: ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI in FY 2004. The plan identifies a variety of initiatives used to expand both federal and state funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), Arizona Coalition to End Homelessness (ACEH), ValueOptions (Maricopa County RBHA), and the State Planning to Address Homelessness (SPAH) workgroup. SPAH is

comprised of several state agencies that have a role in housing. (Addressed in Adult Plan, Criterion 4).

System Priorities & Plans to Address Unmet Needs:

- Increase/Retained Employment or Return to/Stay in School: Assisting people with serious mental illness in securing employment remains a priority and measures have been developed in the State Plan section of this grant. Ensuring access to and appropriate vocational services for persons with SMI is a primary goal of the Mental Health Block Grant and Arizona's Exit Stipulation of the *Arnold v. Sarn* class action lawsuit. (Addressed in Adult Plan, Criterion 1).

- Evidence Based Practices: ADHS/DBHS established a statewide Best Practices Committee in FY 2005 to review and endorse the use of nationally recognized best practices for the state. In FY 2006, ADHS/DBHS management reviewed its purpose and structure and made several changes to improve and strengthen the Committee, which is identified in the following "Significant Achievements" section. (Addressed in Adult Plan, Criterion 1).

- Client Perception of Care: Innovative changes initiated in the 2003 survey were continued in the 2005 administration of the statewide consumer survey. Further improvements were implemented, particularly in the areas of enhanced training strategies and materials to prepare RBHAs and providers for the survey process; enhanced promotional materials to inform consumers; and a modified sampling methodology to simplify the administration process. (Addressed in Adult Plan, Criterion 1).

- Reduced Utilization of Psychiatric Inpatient Beds: Arizona's community based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow community services within 7 days of discharge. (Addressed in Adult Plan, Criterion 1).

- Increased Access to Services: The creation of the Behavioral Health/Higher Education Partnership and the implementation of the Behavioral Health Practitioner Loan Repayment Program will improve consumers' access to services. (Addressed in Adult Plan, Criterion 2 and Criterion 4).

- Family Stabilization and Living Conditions: The Arizona Department of Housing (ADOH) continues to dedicate staff in developing affordable housing programs for people with disabilities, and ADHS/DBHS continues to participate in the statewide planning process for affordable housing. (Addressed in Adult Plan, Criterion 4).

Recent Significant Achievements:

- Increase/Retained Employment or Return to/Stay in School: Peer support has been extensively developed by ValueOptions (Maricopa County RBHA) and META Services (provider agency) in Maricopa County. A comprehensive curriculum was developed by META Services, with over 600 Peer Support Specialist graduates during the past three

years, reimbursed through DES/RSA vocational training funds. Over 400 of these graduates are employed in the state behavioral health system and provide Title XIX reimbursable peer support services as recovery trainers, recovery coaches, crisis specialists, and peer advocates. Peer support specialists are rapidly expanding in all areas of the state.

- Evidence Based Practices: The redesigned ADHS/DBHS Best Practices Advisory Committee will begin its work in FY 2007, and will oversee targeted practices selected for statewide implementation. The Committee will shape and support quality clinical practice using current guiding values that are consumer directed, family focused, with an emphasis on resiliency and recovery.

- Client Perception of Care: Results of the 2005 MHSIP Adult Consumer Survey show slightly lower rates of consumer satisfaction than were found in 2003. However, the majority of consumers still express satisfaction with the services they receive, particularly with the quality and appropriateness of services. Satisfaction with the outcome of the services received remains the lowest of all domains. Findings of the Adult Consumer Survey showed that 80% of the respondents reported positively about General Satisfaction, 75% reported positively about Access to Services, 84% reported positively about Quality and Appropriateness of Services, 71% reported positively about Participation in Treatment Planning, and 63% reported positively about Outcomes. As of FY 2005, ADHS/DBHS is conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis.

- Reduced Utilization of Psychiatric Inpatient Beds: The Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of adults and children leaving the Hospital, until other benefits become activated.

- Increased Access to Services: ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services, including therapeutic foster care, out of home placement, detoxification, and peer and family support services. ADHS/DBHS will also continue its work to implement the Behavioral Health Higher Education Partnership and the Behavioral Health Practitioner Loan Repayment Program throughout FY 2007.

- Family Stabilization and Living Conditions: The Arizona Department of Housing (ADOH) received notice in January 2006 that it was awarded renewals and two new projects in Continuum of Care grants from the 2006 HUD Super Notice of Funding Availability (NOFA). Thirty-eight (38) awards were specifically for housing persons with a serious mental illness. One of the new projects was funding to house chronically homeless people with serious mental illness. The renewal projects will provide ongoing rent subsidy for formerly homeless persons currently living in Shelter Plus Care housing throughout Arizona. The new project is 22 units of scattered sites, which will provide permanent housing for chronically homeless people in Cochise County, located in Southeastern Arizona. This project is tailored after the HUD Section 8 program for homeless persons with serious mental illness. Funded projects were for rural and urban

areas of the state. In addition, ADHS/DBHS will provide $2.5 million to the RBHAs for housing in FY 2007. ADHS/DBHS also hired a statewide housing coordinator in FY 2006, who will assist the Division in restructuring the current program and developing additional housing programs to assist people who are discharged from the Arizona State Hospital, unlicensed board and care facilities and those released from jail.

Children's System:

Strengths and Weaknesses:

- Increase/Retained Employment or Return to/Stay in School: ADHS/DBHS and the Arizona Department of Education (ADE) have entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulation. (Addressed in Child Plan, Criterion 1).

- Increase in Family Stabilization and Living Conditions: Ensuring family centered coordinated care is a primary goal of Arizona's children's reform and the J.K. Settlement Agreement. ADHS/DBHS and the other child serving agencies have also been working together to review out-of-state residential treatment center placements and how to transition these children back into their communities. (Addressed in Child Plan, Criterion 1 and Criterion 3).

- Evidence Based Practices: ADHS/DBHS is an active participant in a national examination of evidence-based practices and their implementation. ADHS/DBHS staff have participated for the past three years in the annual Systems of Care Research Conference, as well as the NASMHPD Evidence-Based Practices workgroup for the Children, Youth and Families Division. (Addressed in Child Plan, Criterion 1).

- Client Perception of Care: As noted in the Adult Section, ADHS/DBHS conducts a consumer survey annually; a decision was made in FY 2005 to conduct the survey each year, as compared to a bi-annual survey. The most recent statewide consumer survey was conducted in spring of 2005 jointly by ADHS/DBHS, T/RBHAs, and their contracted service providers. (Addressed in Child Plan, Criterion 3).

- Reduced Utilization of Psychiatric Inpatient Beds: The Arizona State Hospital's Adolescent Unit consists of a 16-bed treatment facility which serves as the admission, assessment and treatment program for male and female juveniles, up to age 18, who are committed through civil or criminal (forensic) processes. As noted in the Adult Section, Arizona's community based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow community services within 7 days of discharge. (Addressed in Child Plan, Criterion 1).

- Increased Access to Services: As noted in the Adult Section, significant strides have been made in the state to enhance the delivery of covered services. ADHS/DBHS

provides a comprehensive array of covered behavioral health services and recovery services. (Addressed in Child Plan, Criterion 2).

Analysis of Unmet Service Needs & Critical Gaps in Current System:

- Increase/Retained Employment or Return to/Stay in School: ADHS revised its Client Information System (CIS) to collect data related to the following functional outcomes for children age 6 and over, specifically identified in the Arizona Vision and included under the Principle related to functional outcomes. These are: 1) achieve success in school; 2) live with their families; 3) avoid delinquency; 4) become stable and productive adults; 5) stabilize the child's condition; and 6) minimize safety risks.

- Increase in Family Stabilization and Living Conditions: The ADHS/DBHS Fifth Annual Action Plan, a requirement of the J.K. settlement agreement, contains a key principle to place children in the most appropriate setting, which is the provision of services in child's home and community or most home-like residential setting).

- Evidence Based Practices: ADHS/DBHS has implemented or endorsed the use of the following EBPs throughout the state: Therapeutic Foster Care, Multi-Systemic Treatment, Functional Family Therapy, Cognitive Behavioral Therapy, Solution-Focused Brief Therapy, Wraparound (Child and Family Teams), and Respite Care.

- Client Perception of Care: ADHS/DBHS and the RBHAs, in collaboration with their providers, administered the statewide consumer survey in spring of 2005. As in the past survey cycles, the surveys are primarily based on the Mental Health Statistics Improvement Program (MHSIP) recommended Adult Consumer Survey and Youth Services Survey for Families. The use of the MHSIP surveys allows Arizona to continue to benchmark its performance with other states from across the nation, as an increasing number of states have adopted the MHSIP surveys.

- Reduced Utilization of Psychiatric Inpatient Beds: $80 million was appropriated in 2000 for the renovation, demolition and construction of a new 16-bed Adolescent Treatment Facility (opened July 2002), a new Adult Civil 200-Bed Facility (opened January 2003), and hospital infrastructure. The reporting of children re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure and required by CMHS.

- Increased Access to Care: Effective March 1, 2001, AHCCCS and ADHS/DBHS implemented Proposition 204, which changed Arizona's Title XIX eligibility to 100% of the federal poverty level. Effective October 3, 2001, certain services that were previously not covered under Title XIX or Title XXI are now covered. Both of these developments allowed more children and adolescents who are eligible for Title XIX or Title XXI to receive additional services.

System Priorities & Plans to Address Unmet Needs:

- Increase/Retained Employment or Return to/Stay in School: ADHS/DBHS worked to improve data collection in its Client Information System (CIS) in FY 2006, which greatly improved the reported numbers of children in school.

- Increase in Family Stabilization and Living Conditions: ADHS continued to maintain low rates of out-of-home placements. Statewide averages showed that only 2.4 percent of the children enrolled with the RBHAs were placed outside the home. While the numbers of children in out of home placement remained relatively constant (despite statewide increase in overall enrollment), the percent of those children who were placed in family-based therapeutic foster care during the same time trended upward to 40 percent of the total out of home placements. ADHS/DBHS will continue to track this throughout FY 2007.

- Evidence Based Practices: The figures presented in the original modification as requested by Arizona's peer review in November 2005, were revised for the FY 2007 Plan based on more current data and improved date collection methodology. Although Arizona endorses the use of several EBPs for children with SED, its current data capacity is only able to capture therapeutic foster care, as reported in the DIG II URS Tables.

- Client Perception of Care: Results of the Youth Services Survey for Families showed slightly lower rates of consumer satisfaction compared to 2003 survey results. 74% of the respondents reported positively about General Satisfaction, 72% reported positively about Access to Services, 84% reported positively about involvement in Treatment Planning, 92% reported positively on Cultural Sensitivity, and 60% reported positively about Outcomes. Survey items endorsed by the largest percentage of respondents related to Cultural Sensitivity: 93% of respondents indicated that staff spoke with them in a way that they understood, and 93% agreed that staff were sensitive to their cultural/ethnic background.

- Reduced Utilization of Psychiatric Inpatient Beds: ADHS/DBHS had estimated a 2% baseline for FY 2005 in last year's application. However, the actual percentage was 0. ADHS/DBHS will continue to project 2% as a reasonable goal for 30 day re-admissions, and to continue to reduce the baseline rate established in FY 2005 by 1%.

- Increased Access to Services: ADHS/DBHS and AHCCCS have focused the majority of their efforts during FY 2005/2006 on further enhancing and strengthening the Title XIX children's behavioral health system to ensure delivery of services in accordance with the 12 Principles. Accomplishments include a 470% increase in children with Child Family Teams (CFT) in one year resulting in 12,666 currently functioning CFTs. Other accomplishments include low out-of-home placement rates (2.4 percent), and an increase in use of appropriate alternative treatment settings, such as therapeutic foster care homes.

Recent Significant Achievements:

- Increase/Retained Employment or Return to/Stay in School: Children attending school is one of several CMHS core measures that States must collect; school attendance is a component of Arizona's children's reform. The actual and projected figures for the FY 2007 application have been modified due to more current data and have significantly increased.

- Increase in Family Stabilization and Living Conditions: Ensuring family centered coordinated care is a primary goal of the J.K. settlement agreement and the children's system reform. A policy was developed requiring notification of all placements to ensure that all efforts have been made to keep children in Arizona. Over the past three years of the grant cycle, the number of children placed in out of state facilities was significantly reduced. However, the actual number of children placed in out of state treatment facilities increased by ADHS/DBHS' projections for FY 2006, due to a rapidly growing enrollment of children (including children with SED) in the system. The targeted number of children will remain at the original projection of 20.

  ADHS/DBHS also works in conjunction with the T/RBHAs to develop alternatives to residential and inpatient settings. The goal is to retain children in more normalized homelike settings such as therapeutic foster care, in accordance with the children's system reform.

- Evidence Based Practices: As noted in the Adult Section, the re-designed ADHS/DBHS Best Practices Advisory Committee will begin its work in FY 2007, and will oversee targeted practices selected for statewide implementation. The Committee will shape and support quality clinical practice using current guiding values that are consumer directed, family focused, with an emphasis on resiliency and recovery.

- Client Perception of Care: Innovative changes initiated in the 2003 survey were continued in the 2005 administration of the statewide consumer survey. Further improvements were implemented, particularly in the areas of enhanced training strategies and materials to prepare RBHAs and providers for the survey process; enhanced promotional materials to inform consumers; and a modified sampling methodology to simplify the administration process.

- Reduced Utilization of Psychiatric Inpatient Beds: As noted in the Adult Section, the Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of adults and children leaving the Hospital, until other benefits become activated.

- Increased Access to Services: As noted in the Adult Section, ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services. In order to be able to increase the number of qualified tribal Therapeutic Foster Homes, tribal providers who are certified and approved by the Center for Medicare and Medicaid Services to provide services in lieu of DES or OBHL licensure are now allowed to provide therapeutic foster care services.

  ADHS/DBHS continues its work to expand and enhance its statewide network of providers and behavioral health services, including therapeutic foster care, out of home placement, detoxification, and peer and family support services. ADHS/DBHS will also continue its work to implement the Behavioral Health Higher Education Partnership and the Behavioral Health Practitioner Loan Repayment Program throughout FY 2007.

Identification of the source of data, which was used to project critical service gaps and unmet needs

- Annual Regional Behavioral Health Authority Provider Network Evaluation and Sufficiency Report, FY 2005
- Jason K. Settlement Agreement/Action Plan, FY 2006
- ADHS Annual Quality Management Report, FY 2004
- Annual T/RBHA Administrative Reviews
- ADHS/DBHS Strategic Plan for Housing for Maricopa County for Individuals with a Serious Mental Illness, FY 2004
- ADHS/DBHS Strategic Plan, 2005 – 2009
- ADHS/DBHS and the Arizona State Hospital Annual Report, FY 2005
- Draft ADHS/DBHS Recovery Focused and Family Supported Plan-FY 2007
- ADHS/DBHS PowerPoint Presentation: Behavioral Health 2006: Honoring Our Past, Shaping Our Future. (Presented at Summer Institute 2006)-FY 2007
- ADHS/DBHS PowerPoint Presentation: Behavioral Health at a Glance-FY 2006

Summary of Recent Significant Achievements that Reflect Progress Towards the Development of a Comprehensive, Community-Based Mental Health System of Care

- Expanding Peer and Family Support: As of FY 2006 there were twelve consumer operated Community Service Agencies in Arizona. 452 FTE consumer positions delivered peer support services statewide, including 79 FTEs specializing in substance abuse peer support.

- ADHS/DBHS Partnerships for Strategic Focus: The redesigned DBHS Best Practice Advisory Committee begin their work in FY 2007, which will be the transfer of knowledge "from science to service" using evidence-based practices. This will shape and support quality clinical practice using current guiding values, which are consumer-directed, family-focused, with an emphasis on resiliency and recovery. The Committee will oversee targeted practices selected for statewide implementation, and develop a new Master Clinician program, to recognize excellence in behavioral health care community.

  Also, ADHS/DBHS issued an RFP for an organization to support and staff a multi-stakeholder stigma reduction initiative, which will be the Stigma Reduction Committee. The Committee's work will include developing a comprehensive training on stigma, including education, advocacy, and media plans to reduce stigma within behavioral health and in the greater community.

- ADHS/DBHS Recovery Plan: Division management conducted a day long retreat in late FY 2006 to create a Plan for a stronger future vision regarding clinical excellence, voice and choice, hope, resiliency, and recovery. The Plan is currently in draft.

- Supports for Patients Leaving the Arizona State Hospital: The Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of

children and adults leaving the Hospital until other benefits become activated. This includes incidentals, clothing and toiletries.

- Children's Behavioral Health Reform: ADHS/DBHS continues to implement the Title XIX Children's Behavioral Health Action Plan. For FY 2007, ADHS/DBHS is undertaking a three-year planning cycle for accomplishment of the J.K. objectives, and embedding the 12 Principles firmly in practice across the state.

- Expanding and Enhancing the Statewide Network of Providers: ADHS/DBHS continues to examine on a regular basis the current statewide network of providers, identify and address existing gaps in the network, as well as partner with other agencies and organizations to improve the quality and competency of providers.

Description of the Comprehensive, Community-Based Public Mental Health System Envisioned for the Future

The future behavioral health system is envisioned to be person/family-centered and recovery oriented, that is accessible in both urban and rural areas of the state. In order to accomplish this, ADHS/DBHS undertook a series of system changes that increase efforts to support this type of service delivery model by:

- Increasing provider flexibility to better meet individual/family needs.
- Eliminating barriers to services.
- Recognizing and including support services provided by non-licensed individuals and agencies.
- Streamlined service codes
- Maximizing and increasing the services provided in the Title XIX/XXI waiver package
- Supporting recovery methods for persons with a serious mental illness

ADHS/DBHS is also currently developing a Recovery Plan in response to its future vision, which will assist the State in achieving a recovery focused and family supported behavioral health system of care. This includes the establishment of a framework and structure within ADHS/DBHS, by identifying the vision, values, critical elements and prioritizing strategies for developing, expanding, and sustaining a recovery-oriented and family supported behavioral health system. The Division will instill the philosophy and values identified into the current and future activities and focus on recovery, resiliency and wellness.

ValueOptions (Maricopa County RBHA) and META Services (Maricopa County provider agency) have also worked to implement a consumer-directed and family focused system of care by the development of a comprehensive peer support program. META developed a curriculum in 2002 and has trained over 600 Peer Support Specialists, who graduated from the 70-hour META training. The Department of Economic Security, Rehabilitation Services Administration (DES/RSA) funds the program with vocational training funds.

Over 400 graduates employed in licensed agencies across the state are providing peer support services as recovery trainers, recovery coaches, crisis specialists, and peer advocates. Peer support services are widely available in Maricopa County and rapidly expanding to all areas of

the state.

The use of telemedicine for treatment, education and training in rural and remote areas is promoted and continues to expand across the state. The use of telemedicine has greatly enhanced the RBHAs' and provider agencies' ability to provide services to individuals who would otherwise have to travel great distances to obtain them. Telemedicine is also available at the Arizona State Hospital.

Finally, ADHS/DBHS remains committed to the continued implementation of the children's behavioral health system reform, which was the result of the *J.K v. Eden* settlement agreement. In meeting the requirements of the agreement, ADHS/DBHS anticipates that all Title XIX eligible children will ultimately be evaluated, treated, and supported with practice approaches consistent with the Arizona Vision, and in a system of care that supports and sustains it.

SECTION III

PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE ARIZONA'S SERVICE SYSTEM

ADULT PLAN

CHILDREN'S PLAN

SECTION III
PERFORMANCE GOALS & ACTION PLANS

Adult Plan

Criterion 1: Comprehensive Community Based Mental Health Service System

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

Narrative

Structure

The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend two years. In addition, two Arizona Indian Tribes contract with the State for behavioral health services: Pascua-Yaqui Tribe and the Gila River Indian Community. The Navajo Nation was a TRBHA but is now a case management provider.

Health, Mental Health and Rehabilitation Services: ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

1. Treatment services

- Behavioral Health Counseling and Therapy

- Assessment, Evaluation and Screening Services
- Other Professional

2. Rehabilitation Services

- Skills Training and Development
- Psychosocial Rehabilitation Living Skills Training
- Cognitive Rehabilitation
- Health Promotion (Behavioral Health Prevention/Promotion Education and Medication Training)
- Psycho educational Services & Ongoing Support to Maintain Employment

3. Medical Services

- Medication Services
- Laboratory, Radiology and Medical Imaging
- Medical Management
- Electro-Convulsive Therapy

4. Support Services

- Case Management
- Personal Care Services
- Home Care Training (Family Support)
- Self Help/Peer Services (Peer Support)
- Therapeutic Foster Care Services
- Unskilled Respite Care
- Supported Housing
- Sign Language or Oral Interpretive Services
- Non-Medically Necessary Covered Services
- Transportation

5. Crisis Intervention Services

- Crisis Intervention Services (Mobile)
- Crisis Intervention Services (Stabilization)
- Crisis Intervention (Telephone)

6. Inpatient Services

- Hospital
- Sub-acute Facility
- Residential Treatment Center

7. Residential Services

- Behavioral Health Short-Term Residential (Level II), Without Room & Board
- Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)
- Mental Health Services No Other Symptoms (NOS), Room & Board

8. Behavioral Health Day Programs

- Supervised Behavioral Health Treatment & Day Programs
- Therapeutic Behavioral Health Services & Day Programs
- Community Psychiatric Supportive Treatment & Medical Day Programs

9. Prevention Services

- Early Intervention
- Training
- Public Information
- Parent/Family Education
- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

Rehabilitation Services: Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to prevent anticipated functional deficits.

Employment and Education Services: ADHS/DBHS continues to partner with the Department of Economic Security, Vocational Rehabilitation Services Administration (DES/RSA) to provide adults with SMI vocational rehabilitation opportunities. For example, the Rehabilitation Service Agency "Fast Track" is a program designed to get individuals gainful employment without the complex testing process typical of traditional vocational rehabilitative programs. The federal Ticket to Work program is fully implemented in the state.

Peer support has been developed extensively by ValueOptions and META Services in Maricopa County. A comprehensive curriculum has been developed by META Services with over 600 Peer Support Specialists graduates during the past three years, reimbursed by DES/RSA with vocational training funds. Over 400 of these graduates are employed in the behavioral health system and provide Title XIX reimbursable peer support services as recovery trainers, recovery coaches, crisis specialists, and peer advocates. Peer support specialists are rapidly expanding in all areas of the state.

Housing Services: In FY 2004, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI. The plan describes in detail a variety of initiatives that will be used to expand both federal and State funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), the State Planning to Address Homelessness (SPAH) workgroup, Arizona Coalition to End Homelessness (ACEH) and ValueOptions, the Maricopa County RBHA. ADHS/DBHS will provide $2.5 million to the RBHAs for housing in FY 2007.

The Arizona Department of Housing (ADOH) received notice in January 2006 that it was awarded renewals and two new projects in Continuum of Care grants from the 2006 HUD Super Notice of Funding Availability (NOFA). ADOH submitted an application requesting funding

for: 93 total awards; 5 new projects; 7 emergency shelter grants; 6 Shelter Plus Care grants; 86 Supportive Housing projects; and 88 renewal projects.

Thirty-eight (38) awards were specifically for housing persons with a serious mental illness that are homeless. One of the new projects was funding to house chronically homeless people with mental illness. The renewal projects will provide ongoing rent subsidy for formerly homeless persons currently living in Shelter Plus Care housing throughout Arizona. The new project is 22 units of scattered sites of permanent housing in Cochise County, located in Southeastern Arizona. The funded projects were for rural and urban areas of the state.

Substance Abuse Services: Through the T/RBHA contracts, ADHS/DBHS supports a full continuum of substance abuse outpatient, residential, and sub-acute detoxification services, including specialized services for opiate-dependent adults, intensive settings for severe co-occurring disorder, peer support, and services for substance affected mothers and their children. Historically, approximately 75% of all substance abuse services for adults and children are funded through the Medicaid program in behavioral health. In addition, the Center for Substance Abuse Treatment's Block Grant provided over $31 million in FY 2006 to fund drug and alcohol treatment as well as prevention services. These block grant dollars significantly aid in bolstering state appropriated funds for substance abuse treatment and prevention programs.

Medical and Dental Services: A full range of dental services are provided to Title XIX eligible adults with SMI who are 18 years of age to 21 years of age, under the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program. Dental services are provided on an emergency basis only for adults with SMI who are 21 years and older through the Title XIX program. However, only informal linkages exist for adults in need of non-emergency dental care. The RBHAs do not provide financial support for dental care.

Support Services: Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: Case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

Case Management Services: Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity between levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

Services for Persons with Co-Occurring Disorders: ADHS/DBHS continues its efforts to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. The PIP was developed based on evidence and consensus based best practice models for treating co-occurring disorders. PIPs outline

philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services.

Activities to reduce hospitalization: Arizona has implemented Assertive Community Teams (ACT) in three counties. The ACT Team concept originated in the Midwest to provide very intensive services to adults with SMI, with the goal to provide services and decrease the costs associated with care, such as inpatient stays. ACT Teams are in Maricopa, Pinal and Coconino Counties and teams continue to expand to meet the need.

There has been an expansion of provider agencies promoting recovery. Training is offered by the RBHAs and provider agencies on the recovery concept, including the "Wellness Recovery Action Plan" (WRAP). This was developed by Mary Ellen Copeland, author of "The Depression Workbook", and "Living without Depression and Manic Depression". WRAP is a self help method for individuals to identify simple things which one can do to manage emotional or physical symptoms to maintain one's well being. Consumers conduct this training in the behavioral health system.

In addition, the "Sourcebook for Families Coping with Mental Illness" was developed by the Community Partnership of Southern Arizona (CPSA), to assist individuals in navigating the publicly funded behavioral health system, asking the right questions, and seeking support. It is written to be user-friendly in providing information about mental illness, treatments and services.

Other support services from public and private resources provided to assist individuals to function outside of institutions: A provider category called "Community Service Agencies" was implemented in October 2001 to provide a wide variety of services designed to assist adults with SMI to function outside of institutional settings. These agencies are able to provide services in the community setting used by the general population, and will provide more flexibility in delivering services. Community Service Agencies can contract to provide such services as:

- Peer support
- Family support
- Interpreter services
- Transportation
- Supportive housing
- American Indian traditional healing
- Personal assistance
- Living skills training
- Supportive employment
- Supervised day programs
- In-home respite

Effective April 2003, habilitation agencies provide Title XIX reimbursable living skills training and family support services. Habilitation providers are home and community based agencies certified through the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD) and registered with AHCCCS, the State Medicaid agency.

Resources available: The current fiscal basis for funding the system of services includes

monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provides funding for covered services to eligible persons and is passed through the state's Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives federal substance abuse and mental health block grants to provide community treatment.

ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to the following adult populations:

- Adults with a serious mental illness;
- Adults in need of treatment for a substance abuse disorder;
- Adults with co-occurring disorders (substance abuse and mental illness);
- Adults who do not have a serious mental illness, but are in need of treatment for a behavioral health disorder.

36,999 adults with a serious mental illness were provided services in FY 2006.

Evidence-Based Practices (EBPs): ADHS/DBHS implemented or endorsed the use of nine EBPs during FY 2005 and FY 2006:

- Supported Employment
- Assertive Community Treatment
- Dialectical Behavior Therapy
- Peer Support
- Supported Education
- Supportive Housing
- Supported Vocational
- Medication Algorithm
- Telemedicine (videoconferencing)

The following modifications were made in this Criterion:

Goal 1, Target 1: The percentages for FY 2003 – 2006 have been revised for the FY 2007 Mental Health Plan to reflect a more accurate count of adults with SMI who are employed.

Goal 2, Target 1: In response to the modifications requested by the Center for Mental Health Services during the peer review of Arizona's Block Grant application in November 2005, Goal 1 was revised to identify a list of Evidence-Based Practices and numbers of persons served.

Goal 3, Target 1: As of FY 2005, ADHS/DBHS is conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis. The percentage for FY 2005 was revised to reflect a more accurate number of positive respondents to the survey.

Goal 5, Target 1: The percentage of adults with SMI re-admitted to the State Hospital within 180 days was modified to more accurately track the rate of re-admissions for 2006 and 2007, based on the FY 2005 data.

The goals and targets for Criterion One follow this narrative.

Criterion 1: **Comprehensive Community Based Mental Health Service System**

National Outcome Measure (NOM): Increase in Employment

Goal 1: To provide vocational services to persons with serious mental illnesses (SMI) and receiving behavioral health services from ADHS/DBHS.

Target 1: To increase the percentage of adults with SMI who are employed-with or without supported employment by 1% each year.

Population: Adults with a Serious Mental Illness (SMI)

Brief Name: Vocational Services for Adults with SMI

Indicator: Percentage of adults with SMI who are employed

Measure: Numerator: # of adults with SMI who are employed during the fiscal year.
Denominator: # of adults with SMI who receive services from ADHS/DBHS during the fiscal year.
FY 2005 Actual: 14% FY 2006 Projected: 15% FY 2007 Target: 16%

Source of Information: Client Information System (CIS)

Significance: Ensuring access to and appropriate vocational services for persons with SMI is a primary goal of the Mental Health Block Grant and Arizona's Exit Stipulation of the *Arnold v. Sarn* class action lawsuit. ***Note:** The percentages for FY 2004 – 2006 have been revised for the FY 2007 Mental Health Plan to reflect a more accurate count of adults with SMI who are employed.

Performance Indicator Table - Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increase in Employment	15%*	14%*	15%*	16%*
Numerator	5,164	5,205	-	-
Denominator	35,465	36,974	-	-

Criterion 1: Comprehensive Community Based Mental Health Service System

National Outcome Measure (NOM): Evidence-Based Practices

Goal 2: Develop, train, and implement effective Evidence-Based Practices (EBPs) for treatment of adults with serious mental illness.

Target 1: To increase the number of adults receiving EBPs by 2% each year as well as the number of EBPs implemented in the state for adults with serious mental illness.

Population: Adults with SMI.

Brief Name: Adoption of Evidence-Based Practices

Indicator: Evidence-Based Practices

Measure: Number of Adults with SMI Receiving EBPs; Types of EBPs Provided

	FY 2005:	FY 2006:	FY 2007:
Supported Housing:	6,433	6,562	6,693
Supported Employment:	1,230	1,255	1,280

Source of Information: DIG Data Tables-Table 16

Significance: Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President's New Freedom Commission Report on Mental Health. ***Note:** This goal/target was revised based on peer review recommendations in November 2005 for the FY 2006 – 2007 Mental Health Block Grant Plan. Although Arizona endorses the use of several EBPs for adults with SMI, its current data system has the capacity to only collect two EBPs at this time, as reported in the DIG II URS Tables.

Performance Indicator Table –Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: # Adults Served, Supported Housing	N/A	6,433	6,562	6,693
Performance Indicator: # Adults Served, Supported Employment	N/A	1,230	1,255	1,280

Criterion 1: Comprehensive Community Based Mental Health Service System

National Outcome Measure (NOM): Client Perception of Care

Goal 3: Administer Annual Statewide Consumer Survey to measure adult client's perception of care.

Target 1: To increase the percentage of adult SMI survey respondents with positive perception about outcome.

Population: Adults with SMI who are receiving community based services

Brief Name: Statewide Consumer Survey

Indicator: Perception of Care

Measure: Percentage of adult SMI clients reporting positively about outcomes
FY 2005 Actual: 80% FY 2006 Projected: 81% FY 2007 Target: 82%

Source of Information: Statewide MHSIP Adult Survey

Significance: The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system. ***Note:** As of FY 2005, ADHS/DBHS is conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis. The percentage for FY 2005 was revised to reflect a more accurate number of positive respondents to the survey.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Client Perception of Care	N/A	80%*	81%	82%
Numerator	N/A	1,031	-	-
Denominator	N/A	1,347	-	-

Criterion 1: Comprehensive, Community Based Mental Health Service System

National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds

Goal 4: Maintain at the least possible rate the re-admission of adults with serious mental illness to the Arizona State Hospital

Target 1: Maintain or reduce the 2003 rate of re-admission (2%) within 30 days to the Arizona State Hospital over the three-year grant cycle.

Population: Adults with Serious Mental Illness

Brief Name: 30-Day Re-Admission Rate

Indicator: Percentage of adults with SMI re-admitted to the State Hospital within 30 days.

Measure: FY 2005 Actual: 1% FY 2006 Projected: 1% FY 2007 Target: 1%

Source of Information: Arizona State Hospital Data System

Significance: Based on past performance, ADHS/DBHS will continue to project a 1% rate for this goal. Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge. In addition, the Arizona State Hospital Discharge Fund was established in June 2006, which provides for the immediate needs of children and adults leaving the Hospital, until other benefits become activated.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds	1%	1%	1%	1%
Numerator	1	1	-	-
Denominator	78	92	-	-

Criterion 1: Comprehensive, Community Based Mental Health Service System

National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds

Goal 5: Establish a baseline percentage of the 180-day re-admission rate to the Arizona State Hospital for adults with a serious mental illness.

Target 1: Decrease the 2003 rate of re-admission rate within 180 days to the Arizona State Hospital by 1% each year over the three-year grant cycle.

Population: Adults with Serious Mental Illness

Brief Name: 180-Day Re-Admission Rate

Indicator: Percentage of adults with SMI re-admitted to the State Hospital within 180 days.

Measure: FY 2003: Baseline: 13%
FY 2005 Actual: 2% FY 2006 Projected: 11% FY 2007 Target: 10%

Source of Information: Arizona State Hospital Data System

Significance: Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge. *Note: Although the FY 2005 figure was significantly decreased, ADHS/DBHS will continue to maintain its original estimate of a 1% decrease based on the 2003 baseline for FY 2006 and FY 2007.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds	13%	9%	2%*	11%	10%
Numerator	11	7	2	-	-
Denominator	83	78	92	-	-

Criterion 2: Mental Health System Data Epidemiology

- The Plan provides an estimate of the incidence and prevalence in the State of serious mental illness among adults.
- The Plan has quantitative targets to be achieved in the implementation of the system of care.

Narrative

State Definition of Adults with SMI

Arizona's definition for Adults with a Serious Mental Illness is as follows:

Persons with a serious mental illness are defined as those adult persons whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation. The mental impairment may limit their ability to seek or receive local, state or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services. Although persons with primary diagnoses of mental retardation, head injuries or Alzheimer's Disease have similar problems or limitations, they are not to be included in this definition.

Although the State definition of SMI falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SMI are served in Arizona's Long Term Care System (ALTCS), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment. The state definition of SMI is more consistent with the definition of Serious, Persistent Mental Illness (SPMI).

Arizona uses the federal prevalence estimate for Serious, Persistent Mental Illness (SPMI) of 2.6% to establish the state's prevalence rate for SMI.

Note: The prevalence and penetration rates for FY 2005 were revised to more accurately reflect more current census data for the adult population in Arizona, as well as the number of adults served during these two fiscal years. ADHS/DBHS provided services to 36,974 adults with a serious mental illness in FY 2005, and 36,999 are projected in FY 2006. Based on a 2% increase of the most recent census figure, and the FY 2006 penetration rate, the projected number of adults with serious mental illness to be served in FY 2007 is 37,661.

The penetration and prevalence rates for FY 2005 and FY 2006 follows, as well as the number of adults with SMI served in FY 2006.

Prevalence and Penetration Rates for FY 2005 – 2006

Arizona Population of Adults over the Age of 18	SMI Prevalence Rate of 2.6% applied to the general population of Arizona	Number of SMI Served in FY 2005	Penetration Rate
FY 2005: 4,358,856	113,330	36,974	32.6%
FY 2006: 4,451,659	115,743	36,999	31.9%

Adults with Serious Mental Illness Served in FY 2006

RACE	WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	PACIFIC ISLANDER	MULTI-RACIAL	UNKNOWN
ValueOptions	18,213	2,372	270	413	19	17	0
NARBHA	4,014	40	114	10	3	61	0
Cenpatico	2,283	227	72	10	4	45	0
CPSA-GSA 3	1,004	30	13	7	4	9	1
CPSA-GSA 5	6,894	442	120	67	19	41	9
Gila River	0	0	38	0	0	0	0
Pascua Yaqui	2	0	15	0	0	0	0
Navajo Nation	2	0	95	0	0	0	0
TOTAL:	**32,412**	**3,111**	**737**	**507**	**49**	**173**	**10**
GRAND TOTAL:	**36,999**						
ETHNICITY							
RBHA	**HISPANIC**						
ValueOptions	2,765						
NARBHA	276						
Cenpatico	697						
CPSA-GSA 3	361						
CPSA-GSA 5	1,223						
Gila River	1						
Pascua Yaqui	3						
Navajo Nation	1						
TOTAL:	**5,327**						

The following modifications were made in this Criterion:

Goal 1, Target 1: The target was modified to 1%, from an original estimate of 2% from the FY 2005-2007 Plan to reflect a more accurate count. The percentages for FY 2006 and FY 2007 were also modified to reflect the change. Also, the percentages have been modified for the FY 2007 Plan due to more current data and improved data collection methodology.

Criterion 2: **Mental Health System Data Epidemiology**

National Outcome Measure (NOM): Increased Access to Services

Goal 1: To increase access to behavioral health services for persons diagnosed with serious mental illness.

Target 1: Increase the percentage of adults with SMI enrolled in the system by 1% each year.

Population: Adults with a Serious Mental Illness (SMI)

Brief Name: Access to Services

Indicator: Increased Access to Services

Measure: Enrolled adults with SMI in the behavioral health system
Numerator: # of adults with SMI who received behavioral health care services during the fiscal year.
Denominator: estimated total # of adults with SMI in the state general population.
FY 2005 Actual: 33% FY 2006 Projected: 30% FY 2007: 31%

Source of Information: Data Infrastructure Grant URS Tables

Significance: Ensuring access to and appropriate behavioral health services for persons with SMI is a primary goal of the Mental Health Services Block Grant, and is essential to providing comprehensive care. *Note: The numerator and denominator for FY 2004 – 2006 have been revised for the FY 2007 Mental Health Plan to reflect a more accurate count of adults with SMI enrolled in the system.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increased access to services	33%*	33%*	30%*	31%*
Numerator	35,465*	36,974*	-	-
Denominator	109,111*	113,330*	-	-

Criterion 4: Targeted Services to Rural and Homeless Populations

- Describes the State's outreach to and services for individuals who are homeless;
- Describes how community-based services will be provided to individuals in rural areas.

Narrative

Adults with SMI constitute a significant portion of the homeless population in Arizona. This population's history includes a repeated high incidence of homelessness and the highest degree of vulnerability of any homeless population group. Serious mental illness is in many cases a lifelong medical condition where many members of this group are unable to maintain employment to achieve self-sufficiency, and are in need of permanent supportive housing.

Adults with SMI are the most impoverished in the nation and the lack of decent, safe, affordable housing is one of the greatest barriers they face. Most adults with SMI live on federal Supplemental Security Income (SSI), a monthly federal benefit based on eligibility.

Residential stability in independent living situations is a key factor in reducing and/or eliminating homelessness for this population and in achieving long-term control over their mental illness. The Arizona Department of Housing (ADOH) was created in FY 2003. Previous to this, the Department of Commerce was responsible for housing. ADOH has staff dedicated to developing affordable housing programs for people with disabilities, and ADHS/DBHS participates in the statewide planning process for affordable housing. ADHS/DBHS recently hired a statewide housing coordinator who will assist the Division in restructuring and developing additional housing programs to assist people being discharged from the State Hospital, unlicensed board and care homes, and those released from jail.

Outreach and Services for the Homeless Adult SMI Population: ADHS/DBHS manages the Project for Assistance in Transition from Homelessness (PATH) grant, which is a federal grant from the Center for Mental Health Services. The grant is provided for the purpose of providing outreach services to persons with serious mental illness who are homeless and not enrolled in the RBHA system. ADHS/DBHS utilizes the PATH Formula Grant Funds to provide an array of services to persons who are homeless and have a serious mental illness, including those with co-occurring substance problems. The homeless outreach team provides services for individuals or families who are:

- Homeless or at imminent risk of becoming homeless
- Are suffering from serious mental illness; or
- Suffering from serious mental illness and have a substance abuse disorder.

The homeless team maintains contact with clients throughout the three counties: Maricopa, Pima and Coconino. The services provided by the PATH homeless outreach program are:

- Outreach activities and community education
- Field assessments and evaluations
- Intake assistance/emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills

- Medication and assistance in filling prescriptions
- Move-in assistance
- Housing referrals, transitional and permanent placements
- Additional services, including outreach activities, hotel vouchers, food, clothing, and housing referrals for both transition and permanent placements.

Three areas of the State with the largest numbers of homeless individuals receive PATH funds. These are ValueOptions (through Southwest Behavioral Health Services, Maricopa County), CPSA (La Frontera, Inc., Pima County) and NARBHA (Catholic Social Services, Inc., Coconino County).

In FY 2004, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI. The plan includes a review of national and Arizona factors that have influenced the development of housing as a supportive service, and identifies current sources and types of housing available in Maricopa County, which have doubled in the past decade, through a combination of Housing and Urban Development (HUD) and State funded resources. The Plan also describes in detail a variety of initiatives that will be used to expand both federal and State funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), the State Planning to Address Homelessness (SPAH) workgroup, Arizona Coalition to End Homelessness (ACEH) and ValueOptions, the Maricopa County RBHA. ADHS/DBHS will provide $2.5 million in funding for FY 2007.

The Arizona Department of Housing (ADOH) received notice in January 2006 that it was awarded renewals and two new projects in Continuum of Care grants from the 2006 HUD Super Notice of Funding Availability (NOFA). ADOH submitted an application requesting funding for: 93 total awards; 5 new projects; 7 emergency shelter grants; 6 Shelter Plus Care grants; 86 Supportive Housing projects; and 88 renewal projects.

Thirty-eight (38) awards were specifically for housing persons with a serious mental illness. One of the new projects was funding to house chronically homeless people with serious mental illness. The renewal projects will provide ongoing rent subsidy for formerly homeless persons currently living in Shelter Plus Care housing throughout Arizona. The new project is 22 units of scattered sites, which will provide permanent housing for chronically homeless people in Cochise County, located in Southeastern Arizona. This project is tailored after the HUD Section 8 program for homeless persons with serious mental illness. Funded projects were for rural and urban areas of the state.

Services were provided to 1,986 homeless individuals with SMI in FY 2005, and 2,236 were provided services in FY 2006. These are revised figures from the FY 2006-2007 Plan. Based on these revisions, it is estimated that 3,013 homeless adults with serious mental illness will be served in FY 2007. The numbers presented in the FY 2006-2007 Mental Health Block Grant Plan are revised from its previous projection as DBHS reported the total number of homeless adults served in the Arizona's behavioral health system, as compared to total number of homeless adults with serious mental illness.

Rural Adult SMI Population: As identified earlier in the State Plan, Arizona is divided into regional geographic service areas (GSAs). Currently there are six GSAs based on the State's fifteen (15) county populations. Of the four RBHAs, ValueOptions and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico. The rural RBHAs provide a full continuum of services to eligible populations and are required to meet the same service delivery standards as urban RBHAs.

The following modifications were made in this Criterion:

Goal 1, Target 1: This goal was modified from the FY 2006-2007 Plan to more accurately reflect the numbers of homeless adults with SMI served. The numbers presented in the FY 2006-2007 Mental Health Block Grant Plan are revised projections as DBHS reported the total number of homeless adults served in the system, as compared to homeless adults with serious mental illness. ADHS/DBHS has been engaged in efforts to enhance the integrity of the data information system. This has resulted in more reliable information being sent from the T/RBHAs to ADHS/DBHS. The number of homeless adults with SMI receiving services was modified FY 2006 and FY 2007 based on FY 2005 actual numbers.

Criterion 4: **Targeted Services to Rural and Homeless Populations**

National Outcome Measure (NOM): Increased Access to Services

Goal 1: To provide behavioral health services to homeless individuals with a serious mental illness.

Target 1: Measure the number of homeless adults with SMI receiving behavioral health services and increase enrollment by 2% each year.

Population: Homeless Adults with SMI.

Brief Name: Increased Services to Homeless Adults with SMI

Indicator: Adults with SMI who are/were homeless and enrolled in the behavioral health system.

Measure: Numerator: # of homeless adults with SMI at time of enrollment
Denominator: # total number of enrolled adults with SMI
FY 2005 Actual: 5% FY 2006 Projected: 6% FY Target: 8%

Source of Information: Client Information System (CIS), Data Infrastructure Grant Tables

Significance: Ensuring access to and appropriate services for persons with serious mental illness who are homeless is a primary goal of the CMHS Mental Health Services Block Grant and the State of Arizona's Exit Stipulation of the *Arnold v Sarn* Class Action Suit. *Note: The percentage of homeless adults with SMI receiving behavioral health services from ADHS/DBHS was revised from the previous year's application. The numbers presented in the FY 2006-2007 Mental Health Block Grant Plan is a revised projection as DBHS reported the total number of homeless adults served in the system, as compared to homeless adults with serious mental illness.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increased Access to Services	6%*	5%*	7%*	9%*
Numerator	2,246	1,986	-	-
Denominator	35,465	36,974	-	-

Criterion 4: **Targeted Services to Rural and Homeless Populations**

National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions

Goal 2: Continue to expand State funded housing programs.

Target 1: Increase state funded housing units in Maricopa County by 60 units each year.

Population: Adults with SMI.

Brief Name: Expansion of State-funded Housing.

Indicator: Number of housing units

Measure: Number of units per fiscal year.

Source of Information: ADHS/DBHS Strategic Plan for Housing for Maricopa County for Individuals with a Serious Mental Illness.

Significance: Decent, safe and affordable housing is one of the most basic supports necessary for recovery and is a component of the full array of services and supports available to persons with SMI.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increase in Family Stabilization and Living Conditions	906	988	1,026	1,086
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N.A	N/A

Criterion 5: Management Systems

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved.

Narrative

Financial Resources: The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives were: Proposition 204 (increasing Title XIX eligibility to 100% of the FPL); Senate Bill 1280 (Joint Substance Abuse Treatment Fund); House Bill 2003 (infusion of one time funding for children and adults); and the Title XIX/XXI Covered Services Project. These helped to increase funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

Staffing and Training for Mental Health Services Providers: ADHS/DBHS employs over 150 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted in FY 2006 on such topics as Business Continuity Disaster and Recovery; Finance 101-103; Data Dissemination Methodology; Medicare Modernization Act; Fraud and Abuse; Data Validation, Advance Directives, and Cultural Competence.

ADHS/DBHS provides technical assistance and consultation to the Tribal and Regional Behavioral Health Authorities (T/RBHAs) on a periodic and regular basis. The RBHAs are ValueOptions, Community Partnership of Southern Arizona (CPSA), Northern Arizona Regional Behavioral Health Authority (NARBHA), and Cenpatico. The TRBHAs are the Gila River Indian Community and the Pascua Yaqui Tribe. The Navajo Nation was previously a TRBHA

but now is a case management provider. The State also provides technical assistance on a regular basis with other Native American tribes in the State, including specialized technical assistance in FY 2006 on addressing methamphetamine abuse on reservation lands.

Training was provided to RBHAs and providers in FY 2006 across the State on a variety of topics. These included: anti-stigma; clinical guidance documents (Technical Assistance Documents and Practice Improvement Protocols); peer support development, and child and family teams.

Training of Emergency Health Services Providers Regarding Mental Health: ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training, using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2006 and continues on a regular basis.

Training and Sponsored Conferences: ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues.

- The 18th Annual Mental Health Association of Arizona Seeds of Success Symposium was held November 1-2, 2005 in Phoenix, Arizona. The theme was "Recovery & Resiliency: Challenges, Opportunities and Best Practices". The 19th Annual Symposium will be held in October 2006, in Phoenix, and is currently in the planning stage.
- "Alternatives 2005, Leading the Transformation to Recovery" Conference was held October 26 – 30, 2005, in Phoenix. This event provided a forum for mental health consumers and survivors from across the nation to meet, exchange information and ideas, and provide/receive technical assistance. Topics included peer support, consumer operated services, self-help, empowerment and recovery.
- The Arizona Methamphetamine Conference was held February 13-14, 2006, in Phoenix. The theme was "A Call to Action: Addressing the Meth Crisis in Arizona". This was Arizona's statewide interdisciplinary conference on methamphetamine with a focus on public policy and community action. Governor Janet Napolitano and Attorney General Terry Goddard were keynote speakers.
- The 11th Annual Statewide Family Centered Practice Conference was held June 14-16, 2006 in Phoenix. This year's theme was "Stronger Families, Safer Kids".
- The Seventh Annual Summer Institute was held July 18-21, 2006 in Sedona, Arizona. The theme was "Follow the Road to Recovery: Courage to Balance Heart, Mind and Home".
- The 38th Annual Southwestern School for Behavioral Health Summer Training conference was held August 21 - 24, 2006 in Tucson, Arizona.
- The Infant and Toddler Mental Health Coalition of Arizona (ITMHCA) conference was held August 23, 2006, in Scottsdale, Arizona. The theme was "From Risk to Resiliency".
- The Arizona Council of Human Service Providers annual conference will be held September 25 – 26, 2006 in Tucson, Arizona. This year's theme is "The Human Service Industry 2010: Changing Workforce; Changing Technologies."

State Budget for FY 2007:

The budget for State Fiscal Year 2007, as well as the distribution of funds by RBHA for the adult SMI population for FY 2006 follows.

Arizona Department of Health Services
Division of Behavioral Health Services
Budget FY 2007

Program	Federal Funds	CMHS Block Grant	State Funds	Title XIX	Title XXI	Other Funds	Total
Arizona State Hospital			$57,932,000			$8,314,600	$66,246,600
Adult SMI, Non-Title XIX/XXI	$930,240	$818,595	$92,821,500			$32,483,200	$127,053,535
Adult SMI, Title XIX			$122,917,044	$229,936,254			$352,853,298
Adult SMI, Title XXI					$4,600,608		$4,600,608
Adult: Non-Title XIX/XXI SMI, GMH			$1,443,700			$4,931,600	$6,375,300
Adult: Non-SMI, GMH, Title XIX			$88,550,554	$116,200,644			$204,751,198
Adult: Non- SMI, GMH, Title XXI					$1,828,554		$1,828,554
Children, Non- Title XIX/XXI	$1,585,856	$6,706,290	$10,923,200			$1,500,000	$20,720,818
Children, Title XIX			$100,249,068	$199,658,038			$299,907,106
Children, Title XXI					$11,776,716		$11,776,716
Administrative/Programmatic	$422,154	$393,082	$6,587,174	$8,639,600	$505,700	$294,516	$16,836,754
TOTAL:	**$2,938,249**	**$7,917,967**	**$481,424,240**	**$554,434,536**	**$18,711,578**	**$47,523,916**	**$1,112,950,486**

Notes:

(1) Title XIX non-SMI capitation funding combines Substance Abuse and General Mental Health Services. Total funding for each program is combined. The amounts listed are the appropriated amounts per Chapter 286 of the 47th Legislature, 1st Regular Session (SB 1513).

(2) Title XIX and XXI funding is capitated. The amounts shown include expansion populations. RBHA specific budgets are dependent upon per member per month values.

(3) Adult SMI TXIX and Adult GMH TXIX include the Medicare Part D Clawback sent to AHCCCS (State Medicaid agency) and State General Fund Co-Pay.

FISCAL YEAR 2006 RBHA ALLOCATION, BLOCK GRANT FUNDS

SMI ADULT POPULATION

RBHA	PERCENTAGE OF STATE POPULATION	TOTAL FUNDING
CPSA- GSA 5	**17.15%**	**$156,542**
CPSA- GSA 3	**3.83%**	**$137,084**
CENPATICO-GSA 2	**3.36%**	**$96,417**
CENPATICO-GSA 4	**4.55%**	**$126,485**
VALUEOPTIONS	**60.66%**	**$698,624**
NARBHA	**10.24%**	**$145,959**
PASCUA YAQUI	**.05%**	**$500**
GILA RIVER	**.17%**	**$12,500**
TOTAL:	**100%**	**$1,374,111**

CHILDREN'S PLAN

Children's Plan

Criterion 1: Comprehensive Community Based Mental Health Service System

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

Narrative

Structure: The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend to five years. In addition, four Arizona Indian Tribes contract with the State for behavioral health services. These are the Pascua Yaqui Tribe and Gila River Indian Community, who operate as TRBHAs, the Colorado River Indian Tribe, who is contracted to provide Subvention (state only) funded services, and the Navajo Nation, who was previously a TRBHA but now operates as a case management provider.

Health, Mental Health and Rehabilitation Services: ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

1. Treatment services

- Behavioral Health Counseling and Therapy

- Assessment, Evaluation and Screening Services
- Other Professional

2. Rehabilitation Services

- Skills Training and Development
- Psychosocial Rehabilitation Living Skills Training
- Cognitive Rehabilitation
- Health Promotion (Behavioral Health Prevention/Promotion Education and Medication Training)
- Psycho educational Services & Ongoing Support to Maintain Employment

3. Medical Services

- Medication Services
- Laboratory, Radiology and Medical Imaging
- Medical Management
- Electro-Convulsive Therapy

4. Support Services

- Case Management
- Personal Care Services
- Home Care Training (Family Support)
- Self Help/Peer Services (Peer Support)
- Therapeutic Foster Care Services
- Unskilled Respite Care
- Supported Housing
- Sign Language or Oral Interpretive Services
- Non-Medically Necessary Covered Services
- Transportation

5. Crisis Intervention Services

- Crisis Intervention Services (Mobile)
- Crisis Intervention Services (Stabilization)
- Crisis Intervention (Telephone)

6. Inpatient Services

- Hospital
- Sub-acute Facility
- Residential Treatment Center

7. Residential Services

- Behavioral Health Short-Term Residential (Level II), Without Room & Board
- Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)
- Mental Health Services No Other Symptoms (NOS), Room & Board

8. Behavioral Health Day Programs

- Supervised Behavioral Health Treatment & Day Programs
- Therapeutic Behavioral Health Services & Day Programs
- Community Psychiatric Supportive Treatment & Medical Day Programs

9. Prevention Services

- Early Intervention
- Training
- Public Information
- Parent/Family Education
- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

Rehabilitation and Employment Services: Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual prevent anticipated functional deficits.

Educational Services: ADHS/DBHS and the Arizona Department of Education (ADE) have entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulation. In order to assist children in achieving success in school, ADHS/DBHS and ADE encourage the RBHAs and the local education administrations (LEAs) to: 1) work collaboratively to develop a joint assessment and behavioral health service plan for each identified child; 2) provide behavioral health services in the child's home and community in the most integrated setting appropriate to the child's needs; 3) provide support and training for parents in meeting a child's behavioral health needs; and 4) provide support and training for children in self-management. When a child is referred to a special education program that includes a possibility of residential placement, the LEA invites an ADHS/DBHS representative to be a member of the child's Individual Education Plan (IEP) team.

Substance Abuse Services: To ensure the development of substance abuse services, ADHS/DBHS requires the T/RBHAs to develop an action plan for their geographic service area that includes a needs and resource assessment.

ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant in FY 2005. The grant is entering its second year of implementation. Current activities include developing workforce capacity assessment to identify areas for system development in evidence-based practices, direct services and family involvement on substance abuse issues for youth ages 16 – 24 years. Arizona is creating a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. The project establishes a single locus of responsibility within the state for expanding access and the quality and delivery of substance abuse services for the state's high-risk population of young

people age 12-24 years old and their family members. The project capitalizes on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to services, establish a broad continuum of age, culture and disability appropriate services and supports. The project will also improve the quality and effectiveness of treatment for young people in the state.

Past and ongoing efforts include:

ADHS/DBHS, in collaboration with other child serving state agencies, the T/RBHAs, behavioral health providers and family members, created a workgroup to develop a framework for substance abuse services. This included the development of guidelines and recommendations for assessment and treatment planning for children with multiple issues. The result was the development of a Practice Improvement Protocol (PIP) in FY 2004 regarding substance abuse treatment in children. PIPs are developed to assist behavioral health providers in Arizona's public behavioral health system.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations. ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called "Arizona Families F.I.R.S.T" (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services; ADHS/DBHS, through the RBHAs, provide the services.

Medical and Dental Services: The State of Arizona provides indigent and categorically eligible dental and primary health care for children through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency. AHCCCS has several types of children's programs. Some of these programs are funded with federal dollars and others with state and county dollars. All AHCCCS programs for children include Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services which provide comprehensive health care through primary prevention, early intervention, diagnosis and medically necessary treatment for eligible AHCCCS members under 21 years of age. In addition to making referrals to dentists, primary care physicians are encouraged to stress the importance of dental health and treatment and to remind the child's caregiver of the importance of dental health and treatment and the importance of an annual dental checkup for the child.

Support Services: Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

Services to be provided by local school systems under the Individuals with Disabilities Act: The local school district, also called the local education administration (LEA), is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, then a residential special education placement is necessary.

Case Management Services: Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity of care between levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

Services for Persons with Co-Occurring Disorders: ADHS/DBHS continues to lead the effort to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. The PIP was developed based on evidence and consensus based best practice models for treating co-occurring disorders. PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services.

Activities leading to the reduction of hospitalization of SED children: Children with SED are provided behavioral health services in their home and community to the extent possible. These services include support and training for parents in meeting their child's behavioral health needs, as well as support and training for the child and parents in self-management. A child's behavioral health service needs are continuously evaluated and modified. A child's behavioral health plan should address and anticipate crises, and include specific strategies and services that will be employed. When responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of police and the juvenile justice system. The ADHS/DBHS contracted RBHA provides crisis response with 24 hour clinical accessibility.

In addition, the "Sourcebook for Families Coping with Mental Illness" was developed by the Community Partnership of Southern Arizona (CPSA) to assist individuals in navigating the publicly funded behavioral health system, asking the right questions, and seeking support. It is written to be user-friendly in providing information about mental illness, treatments and services.

Other support services from public and private resources provided to assist individuals to function outside of inpatient institutions: ADHS/DBHS is an active partner with AHCCCS to develop more services for the general populations. In FY 2001, AHCCCS made it possible for

primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS contracted Health Plans to address appropriateness and coordination of care between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has worked closely in recent years with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004, ADHS/DBHS and the RBHAs initiated a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

ADHS/DBHS and the other child serving state agencies have also been working together to look at out-of-state residential treatment center placements and how to transition these children back into their communities. ADHS/DBHS developed a policy requiring notification of all placements to ensure that all efforts have been made to keep children in Arizona.

In addition, ADHS/DBHS is actively involved with the community efforts to implement Healthy People 2010 with the general public. ADHS/DBHS also provides staffing and assistance to several coalitions and community groups that work to improve behavioral health services to the public.

Evidence-Based Practices (EBPs): ADHS/DBHS is an active participant in a national examination of evidence-based practices and their implementation. ADHS/DBHS staff have participated for the past three years in the annual Systems of Care Research Conference, as well as the NASMHPD Evidence-Based Practices workgroup for the Children, Youth and Families Division.

ADHS/DBHS restructured its Best Practices Advisory Committee effective FY 2007 and is currently developing a framework. The Committee will begin its work August 2006, which will include the selection of evidence-based practices necessary to address behavioral health needs. The Committee will also plan out and support its implementation to ensure requisite practice fidelity, effectiveness and sustainability. Efforts are also underway to develop a reliable approach to measure the availability of targeted best practices capacity within RBHA provider networks. The Arizona Behavioral Health Planning Council Chair as well as a second Council member is represented on the Best Practices Advisory Committee.

The following EBPs were expanded in Arizona during FY 2006:

- Wraparound (Child & Family Teams, or CFTs): Arizona leads the nation in reporting over 13,000 children served by CFTs, as well as being an active participant in the National Wraparound Initiative. ADHS/DBHS also implemented a CFT practice (fidelity) measurement system, effective FY 2006, which was applied in three phases to several hundred wrap-around teams throughout the state. Early findings promise measurable practice improvement associated with application of this statewide process.
- Practice-Based Evidence: ADHS/DBHS is currently collecting reported functional outcomes data from several thousand children and families; initial findings indicate a significant correlation between use of the CFT process and better outcomes across all six measured domains, and within both bands of school-aged children.
- Therapeutic Foster Care (TFC): ADHS/DBHS invested federal grant funds to develop a standardized, advanced training curriculum for all TFC providers for children, based on Family-to-Family principles, and supporting positive behavior support skills for TFC providers, which will be implemented beginning October 2006.
- Cognitive Behavioral Therapy (CBT): ADHS/DBHS has identified several Cannabis Youth Treatment program EBPs with CBT components, as proven cost-effective models to build effective substance abuse treatment capacity for adolescents and young adults. Training and follow-up coaching and clinical supervision will be provided to bring self-selected clinicians to practice proficiency, and ADHS/DBHS has contracted with a consultant to support this effort.

The use of EBPs in the children's system of care is identified in Goal 3 of this Criterion.

Number of SED Children Served: ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to children and their families in need of treatment for a behavioral health disorder, including children with serious emotional disturbances.

22,893 children with SED were served in Arizona's public behavioral health system in FY 2005; 26,667 children with SED are projected for FY 2006, and 27,255 children are projected to be served in FY 2007.

The following modifications were made in this Criterion:

Goal 1, Target 1: The original estimates for FY 2004 – 2007 were modified from the FY 2006-2007 Plan due to ADHS/DBHS collecting more current data.

Goal 3, Target 1: This goal was revised based on peer review modification recommendations made in November 2005 for the FY 2006 – 2007 Mental Health Block Grant Plan. Also, the figures presented in the original modification submitted to CMHS December 2005 were revised per CMHS' request in May 2006 to submit a second modification, which is reflected in the FY 2007 Plan.

Goal 4, Target 1: This goal was modified for the FY 2006-2007 Plan to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 30 days of their discharge. Due to the small population that is being targeted, maintaining the percentage rather

than the State's original goal to reduce the number throughout the three-year grant cycle is realistic. ADHS/DBHS had estimated a 2% baseline for FY 2005 in the FY 2006-2007 Plan; however, the actual percentage was 0 in FY 2005. ADHS/DBHS will continue to project 2% as a reasonable goal for 30 day re-admissions to the State Hospital.

Goal 5, Target 1: This goal was modified for the FY 2006-2007 Plan to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 180 days of their discharge. Due to the small population that is being targeted, maintaining the percentage rather than its original goal to reduce the number throughout the three-year grant cycle is realistic. ADHS/DBHS modified this goal for the FY 2007 Plan, because the baseline percentage for FY 2005 was revised to reflect more current data; the projections for FY 2006-2007 have also been modified.

Criterion 1: Comprehensive Community Based Mental Health Service System

National Outcome Measure (NOM): Increased School Attendance

Goal 1: To increase school attendance for children with SED.

Target 1: To establish a baseline in FY 2004 and increase by 2% each year the number of children with SED who attend school.

Population: Children with a Serious Emotional Disturbance (SED)

Brief Name: Increased School Attendance for Children with SED

Indicator: School Attendance of Children with SED.

Measure: Numerator: # of children with SED who attend school. Baseline was established in FY 2004, which was 70%, or 17,040 children.
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system.
FY 2005 Actual: 79% (18,150) FY 2006 Projected: 74%
FY 2007 Target: 76%

Source of Information: Client Information System (CIS)

Significance: Children attending school is one of several CMHS Core Measures that States must collect; school attendance is a component of Arizona's children's reform. ***Note:** The actual and projected figures are modified from the FY 2006-2007 Plan due to more current data. Despite the high percentage for FY 2005, ADHS/DBHS will continue to project its original estimate of a 2% increase each year from the baseline established in FY 2004.

Performance Indicator Data – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increase in Employment or Return to School	70%*	79%*	74%	76%
Numerator	17,040	18,150	-	-
Denominator	24,214	22,896	-	-

Criterion 1: Comprehensive Community Based Mental Health Service System

National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions

Goal 2: To provide family-centered and coordinated services to children with SED.

Target 1: To maintain the number of children with SED placed in out-of-state treatment facilities at 20 children each fiscal year.

Population: Children with SED.

Brief Name: Out-of-State Placements

Indicator: Children with SED in out-of-state treatment facilities

Measure: Number of children with SED in out-of-state placements

Source of Information: RBHA quarterly reports.

Significance: Ensuring family-centered coordinated care is the primary goal of Arizona's children's reform and the J.K. Settlement Agreement. ***Note:** The actual number of children increased beyond ADHS/DBHS projections, due to a rapidly growing enrollment of children (including children with SED) in the system. However, the targeted number of children will remain at the Division's original projection of 20**.**

Performance Indicator Data –Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Target
Performance Indicator: Increase in Family Stabilization and Living Conditions	51	20	25*	20
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A

Criterion 1: Comprehensive Community Based Mental Health Service System

National Outcome Measure (NOM): Evidence-Based Practices

Goal 3: Develop, train, and implement Evidence-Based Practices (EBPs) for treatment of children with serious emotional disturbances.

Target 1: To increase the number of children receiving EBPs by 2% each year, and the type of EBPs implemented in the state for children with behavioral health needs.

Population: Children with SED.

Brief Name: Adoption of Evidence-Based Practices

Indicator: Evidence-Based Practices for Children with Behavioral Health Needs

Measure: Number of Children Receiving EBPs; Types of EBPs Provided

	FY 2005:	FY 2006:	FY 2007:
Therapeutic Foster Care:	933	1,022	1,042

Source of Information: DIG Data Tables-Table 16

Significance: Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President's New Freedom Commission Report on Mental Health. ***Note:** This goal/target was revised based on peer review recommendations for the FY 2006 – 2007 Mental Health Block Grant Plan in November 2005. Also, the figures presented in the original modification were revised for the FY 2007 Plan based on more current data and improved date collection methodology. Although Arizona endorses the use of several EBPs for children with SED, its current data capacity is only able to capture therapeutic foster care, as reported in the DIG II URS Tables.

Performance Indicator Table – Arizona Plan

Core Measure: Evidence-Based Practices	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: # Children Served, Therapeutic Foster Care	N/A	933*	1,022*	1,042*

Criterion 1: Comprehensive, Community Based Mental Health Service System

National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds

Goal 4: Establish a baseline rate of 30-day re-admission for children with serious emotional disturbances to the State Hospital.

Target 1: Maintain the estimated FY 2005 percentage as the baseline for 30-day re-admission and maintain the rate over the three-year grant cycle.

Population: Children with Serious Emotional Disturbances

Brief Name: 30-Day Re-Admission Rate

Indicator: Percentage of children with SED re-admitted to the State Hospital within 30 days.

Measure: FY 2005 Actual: 0% FY 2006 Projected: 2% FY 2007 Target: 2%

Source of Information: Client Information System; Data Infrastructure Grant Tables

Significance: The reporting of children re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure (NOM) and required by CMHS. *Note: ADHS/DBHS had estimated a 2% baseline for FY 2005 in the previous year's Plan; however, the actual percent was 0 in FY 2005. ADHS/DBHS will continue to project 2% as a reasonable goal for 30 day re-admissions to the State Hospital.

Performance Indicator Table – Arizona Plan

Core Measure: Reduced Utilization of Psychiatric Inpatient Beds	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator	N/A	0%*	2%	2%
Numerator	N/A	0	-	-
Denominator	N/A	28	-	-

Criterion 1: Comprehensive, Community Based Mental Health Service System

National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds

Goal 5: Establish a baseline rate of 180-day re-admission for children with serious emotional disturbances to the State Hospital.

Target 1: Reduce by 1% each year over the three-year grant cycle the estimated FY 2005 baseline for 180-day re-admission.

Population: Children with Serious Emotional Disturbances

Brief Name: 180-Day Re-Admission Rate

Indicator: Percentage of children with SED re-admitted to the State Hospital within 180 days.

Measure: Numerator: # of children with SED re-admitted to the State Hospital within 180 days.
Denominator: Total # of children with SED admitted to State Hospital in a FY.
FY 2005 Actual: Baseline: 14% FY 2006 Projected: 13%
FY 2007: 12%

Source of Information: Client Information System; Data Infrastructure Grant Tables

Significance: The reporting of children re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure (NOM) and required by CMHS. *Note: The baseline percentage for FY 2005 was revised from the FY 2006 – 2007 Plan to reflect more current data, which also changed the projections identified in the FY 2006-2007 Plan. The new projected percentages are identified below.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds	N/A	14%*	13%	12%*
Numerator	N/A	4	-	-
Denominator	N/A	28	-	-

Criterion 2: Mental Health System Data Epidemiology

- The Plan provides an estimate of the incidence and prevalence in the State of serious emotional disturbance among children.
- The Plan has quantitative targets to be achieved in the implementation of the system of care.

Narrative

State Definition for Children with SED: The State of Arizona uses the following definition for Children with a Serious Emotional Disturbance (SED): Children with a Serious Emotional Disturbance are persons:

From birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the latest version of the Diagnostic and Statistical Manual of the American Psychiatric Association, that qualifies as an SED diagnosis. This definition has been revised effective January 2004, to include functional impairment as a criterion.

Although the State definition of SED falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SED are served in Arizona's Long Term Care System (ALTCS), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment.

22,896 children with SED were served in the DBHS system in FY 2005, and 26,667 children were served in FY 2006. *Note: These are revised figures from the FY 2006-2007 Plan, due to more current data and improved data collection methodology. The projected number of children with SED to be served in FY 2007 is 27,255, based on 2% population growth and a penetration rate of 24.4%.

Prevalence and Penetration Rates for FY 2005 - 2006

Arizona Population of Children under the age of 18	SED Prevalence Rate of 7% applied to the general population of Arizona**	Number of Children with SED served	Penetration Rate
FY 2005: 1,580,436*	110,631*	22,896*	20.7%*
FY 2006: 1,564,457*	109,512*	26,667*	24.4%*

**The prevalence rate of SED in the general population is assessed at 7%, which is the lower boundary of a level of functioning = 50, following the CMHS criteria for SED determination.

Number of SED Children Served in FY 2006

RACE	WHITE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	PACIFIC ISLANDER	MULTI-RACIAL	UNKNOWN
RBHA							
ValueOptions	9,911	1,599	161	46	20	13	0
NARBHA	3,241	61	219	2	0	73	0
Cenpatico	2,651	157	116	9	3	104	0
CPSA-GSA 3	1,387	38	11	2	0	34	3
CPSA-GSA 5	5,495	399	164	14	12	151	22
Gila River	0	1	287	0	0	2	0
Pascua Yaqui	3	0	98	0	0	0	0
Navajo Nation	0	0	158	0	0	0	0
TOTAL:	**22,688**	**2,255**	**1,214**	**73**	**35**	**377**	**25**
ETHNICITY	**HISPANIC**						
RBHA							
ValueOptions	3,807						
NARBHA	504						
Cenpatico	1,296						
CPSA-GSA 3	779						
CPSA-GSA 5	2,586						
Gila River	3						
Pascua Yaqui	7						
Navajo Nation	1						
TOTAL:	**8,983**						

The following modifications were made in this Criterion:

Goal 1, Target 1: This goal/target was revised from the FY 2006-2007 Plan to reflect more current data and improved data collection methodology.

Criterion 2: Mental Health System Data Epidemiology

National Outcome Measure: Increased Access to Services

Goal 1: Increase the enrollment of children with a serious emotional disturbance (SED).

Target 1: To increase the percentage of children with SED enrolled in the behavioral health system by 2% each year.

Population: Children with a Serious Emotional Disturbance

Brief Name: Increased Children's Enrollment

Indicator: Percentage of children with SED enrolled in the system

Measure: Percentage of children with SED enrolled with ADHS/DBHS
Numerator: # of enrolled children with SED
Denominator: Estimated total # of children with SED in the state general population.
FY 2005 Actual: 21% FY 2006 Projected: 24% FY 2007 Target: 26%

Source of Information: Client Information System (CIS)

Significance: Increasing the penetration rate of children with SED served by the behavioral health system is a core measure of the Mental Health Block Grant. *Note: These figures are revised from the FY 2006-2007 Plan to reflect more current data and improved data collection methodology.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increased Access to Services	22%*	21%*	24%*	26%*
Numerator	24,214	22,896	-	-
Denominator	108,308	110,631	-	-

Criterion 3: Children's Services

- Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:
  - ✓ Social services
  - ✓ Educational services, including services provided under the Individuals with Disabilities Education Act (IDEA)
  - ✓ Juvenile justice services
  - ✓ Substance abuse services
  - ✓ Health and mental health services

- Establishes defined geographic areas for the provision of the services of such system.

Narrative

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. This new legislation required that interdepartmental collaboration for a single system be established to address the behavioral health needs of all Arizona children. ADHS/DBHS was designated the lead agency for the development of this system.

However, despite first time access to federal Medicaid funding, the promise of the 1988 legislation had not been realized. In the 1990s a federal district court in Tucson, Arizona, certified a plaintiff class in an action that would become known as *J.K. v. Eden, et al.* Then Governor Jane Dee Hull ordered ADHS/DBHS and the state's Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS) to enter into negotiations with the Plaintiff's attorneys. In June 2001 the same federal district court accepted the resultant settlement agreement, ending a decade of adversarial process in favor of commitment to reform the system on behalf of "all persons under the age of twenty-one who are eligible for Title XIX behavioral health services in Arizona, and have been identified as needing behavioral health services".

The centerpiece of the J.K. Settlement Agreement is the Arizona Vision, which identifies meaningful behavioral health service outcomes for eligible children and their families. The Arizona Vision is built upon a set of 12 Principles, based on the Child and Adolescent Service System Program (CASSP) and the Center for Mental Health Services' core system of care values. ADHS/DBHS and AHCCCS are both obligated by and committed to these values. The Arizona Vision is also a contractual obligation established by ADHS/DBHS, the T/RBHAs, and their subcontracted providers.

Arizona Vision and Principles

Vision: "*In collaboration with the child and family and others, Arizona will provide accessible*

behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion, and in accordance with best practices, while respecting the child's and family's cultural heritage."

Principles: The following principles were adopted: 1) Collaboration with the Child and Family; 2) Functional Outcomes; 3) Collaboration with Others; 4) Accessible Services; 5) Best Practices; 6) Most Appropriate Settings; 7) Timeliness; 8) Services Tailored to the Child and Family; 9) Stability; 10) Respect for the Child and Family's Unique Cultural Heritage; 11) Independence; and 12) Connection to Natural Supports.

Social Services: ADHS/DBHS has worked closely in recent years with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and the RBHAs implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS have jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

Educational Services: ADHS/DBHS and the Arizona Department of Education (ADE) have entered into an Interagency Service Agreement (ISA) to ensure collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulation. In order to assist children in achieving success in school, ADHS/DBHS and ADE encourage the RBHAs and LEAs to: 1) work collaboratively to develop a joint assessment and behavioral health service plan for each identified child; 2) provide behavioral health services in the child's home and community in the most integrated setting appropriate to the child's needs; 3) provide support and training for parents in meeting a child's behavioral health needs; and 4) provide support and training for children in self-management. When a child is referred to a special education program that includes a possibility of residential placement, the LEA invites an ADHS/DBHS representative to be a member of the child's IEP team.

Services to be provided by local school systems under the Individuals with Disabilities Act: The local school district, also called the local education administration (LEA) is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the

IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, then a residential special education placement is necessary.

Juvenile Justice Services: The Governor's Division for Children and the Arizona Juvenile Justice Commission, in partnership with the Administrative Office of the Court's Juvenile Justice Services Division and the Department of Economic Security sponsored a two day juvenile justice summit in May 2006 in Mesa, Arizona. The summit theme was "Reducing Risk and Building Resilience: Joining Forces for Better Outcomes". The partnership also included the Child Welfare League of America, to promote an initiative for a coordinated and integrated child and family service system.

In collaboration with the Maricopa County Juvenile Court, DES/Child Protective Services (DES/CPS), Administrative Office of the Courts (AOC), Legal Defender's Office, Office of Court Appointed Council, and the Attorney General, ADHS/DBHS developed a set of special procedures to expedite referrals and coordinate appropriate behavioral health services for those involved in Model Court cases for Title XIX funded services.

ADHS/DBHS collaborates and continues to partner with the Arizona Department of Juvenile Corrections (ADJC) to monitor the process of referrals into behavioral health services for youth being discharged from correctional institutions and re-integrated into their communities. The referral process enables youth in the ADJC institutions to obtain appropriate entitlements and access to behavioral health care immediately upon discharge.

In collaboration with AOC and the Maricopa County Juvenile Probation Department, ADHS/DBHS developed a referral process for juveniles placed in detention at the Durango Court Center or the Southeast Juvenile Court Center. The process ensures that detained juveniles needing behavioral health care will have easy access to the behavioral health system.

Juvenile justice staff throughout Arizona participate in joint training with the RBHAs on wrap-around services and the Child and Family Team model.

Substance Abuse Services: To ensure the development of substance abuse services, ADHS/DBHS required the T/RBHAs to develop an action plan for their geographic service areas that includes a needs and resource assessment.

ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant. The grant is entering its second year of implementation. Current activities include developing workforce capacity assessment to identify areas for system development in evidence-based practices, direct services and family involvement on substance abuse issues for youth ages 16 – 24 years. Arizona is creating a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. The project establishes a single locus of responsibility within the state for expanding access and the quality and delivery of substance abuse services for the state's high-risk population of young people age 12-24 years old and their family members. The project capitalizes on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to

services, establish a broad continuum of age, culture and disability appropriate services and supports and to improve the quality and effectiveness of treatment for young people in the state.

ADHS/DBHS, in collaboration with other child serving state agencies, the T/RBHAs, behavioral health providers and family members, created a workgroup to develop a framework for substance abuse services. This included the development of guidelines and recommendations for assessment and treatment planning for children with multiple issues. The result was the development of a Practice Improvement Protocol (PIP) in FY 2004 regarding substance abuse treatment in children. PIPs are developed to assist behavioral health providers in Arizona's public behavioral health system.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations. ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called "Arizona Families F.I.R.S.T" (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services and ADHS/DBHS (through the RBHAs) provide the services.

Health and Mental Health Services: ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains: 1) Treatment Services; 2) Rehabilitation Services; 3) Medical Services; 4) Support Services; 5) Crisis Intervention Services; 6) Inpatient Services; 7) Residential Services; 8) Behavioral Health Day Programs; and 9) Prevention Services. A comprehensive listing of services is identified in Criterion 1, pages 83-85.

Ongoing Initiatives:

J.K. Settlement Agreement: As stated earlier, the U.S. District Court in Tucson, Arizona, accepted a settlement agreement in the case of *J.K. v. Eden, et.al.* that commits ADHS/DBHS and AHCCCS to a set of twelve principles to direct care and support for Title XIX eligible children and their families. The pilot known as the "300 Kids Project" and the CMHS grant site in Tucson known as "Project MATCH" were the initial pilot projects for what has now become a statewide effort to develop, demonstrate and disseminate a child and family team approach to assessment, service planning and delivery; and a broader Systems of Care approach to support effective practice.

ADHS/DBHS and its partner child serving agencies have consolidated several previously disjointed collaborative initiatives into the statewide implementation of the settlement agreement. Consequently, the Inter-Agency Case Management Project, Project MATCH and the Family Recovery Partnership are now integrated into the whole system reform. Setting an

example for cross-system collaboration, Arizona's newly elected Governor issued an Executive Order creating a Children's Cabinet. In January 2003, Governor Napolitano ordered a statewide expansion of the "300 Kids" pilot. A high-profile event in March 2003 marked the official beginning of the statewide spread from the early pilot sites, and 150 participants from the behavioral health and related child-serving systems from all regions of Arizona convened to understand the lessons learned in the pilot phase, and to create local coalitions of community leaders to continue the development of similar systems of care in Arizona's remaining regions.

Per the mandates of the settlement agreement, ADHS/DBHS and AHCCCS have developed an Annual Action Plan that delineates goals and objectives needed to actualize the Arizona Vision and Principles for children. The Annual Plan is now in its fifth year.

Clinical Guidance Documents: Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. The following child specific PIPs have been developed:

- Attention Deficit Hyperactivity Disorder - 1995
- Autistic Spectrum Disorders - 1999
- Special Considerations for Assessment and Treatment of Behavioral Health Disorders in Individuals who Have Developmental Disabilities – 1999
- The Use of Psychotropic Medication in Children and Adolescents- 2003
- Transitioning to Adult Services – 2004
- The Child and Family Team – 2004
- Substance Abuse Treatment in Children – 2004
- Therapeutic Foster Care Services for Children – 2004
- Children and Adolescents Who Act Out Sexually – 2005
- Out of Home Care Services – 2005
- The Unique Behavioral Health Service Needs of Children Involved with CPS – 2005
- Pervasive Developmental Disorders and Developmental Disabilities - 2005

TADs provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols. The following TADs related to children have been developed:

- Disorders of Attachment – 2003
- The Child and Family Team Process – 2004
- Providing Services to Children in Detention – 2005

FY 2007 Use of Block Grant funding for children with Serious Emotional Disturbance: The Arizona Department of Health Services, Division of Behavioral Health Services assures that Block Grant funds for FY 2007 will only be expended to provide comprehensive, community mental health services to children with SED.

Geographic Areas of Services: A comprehensive array of behavioral health services are provided statewide. The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) RBHAs and two (2) TRBHAs, and is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. The direct local administration of the system is accomplished by the T/RBHAs. The Navajo Nation is no longer considered a TRBHA but is now contracted to provide case management services. The Colorado Indian Tribe contracts with ADHS/DBHS to provide non-Title XIX/XXI (state only funded) services to their tribal members. The T/RBHAs are described below:

CPSA: The Community Partnership of Southern Arizona (CPSA) is responsible for Southern (Pima County) and Southeastern Arizona (Greenlee, Graham, Cochise, and Santa Cruz Counties). CPSA is comprised of six Comprehensive Service Networks; five in GSA 5 (Pima County), and one in GSA 3 (the four Southeastern Counties).

NARBHA: Northern Arizona Regional Behavioral Health Authority's service area is comprised of the five Northern Arizona counties: Mohave, Yavapai, Coconino, Navajo and Apache. Overall, NARBHA's GSA encompasses one half of Arizona, but only 10% of the State's population.

ValueOptions: ValueOptions serves Maricopa County.

Cenpatico: This is a new RBHA effective July 1, 2005, serving the Southwestern region (Yuma and La Paz Counties) and the Central region (Pinal and Gila Counties).

Gila River Indian Community: The TRBHA is located south of Phoenix and encompasses parts of Maricopa and Pinal Counties.

Pascua Yaqui Tribe: The TRBHA is located southwest of Tucson and is located in Pima County.

The following modifications were made in this Criterion:

Goal 1, Target 1: This goal was modified to reflect a more accurate percentage of SED children receiving respite services. The percentage was revised to a 2% increase from the original target of 5% to reflect the same growth rate as other goals in the Child Plan.

Goal 2, Target 1: The goal was modified to reflect a more accurate percentage of families with positive perceptions of their care. The FY 2006 and FY 2007 percentage rates were increased.

Criterion 3: Children's Services

National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions

Goal 1: To provide family-centered services to children with SED

Target 1: To increase by 2% each year the number of families of children with SED receiving respite care.

Population: Children with SED

Brief Name: Increased Utilization of Respite Services

Indicator: Number of children with SED in respite care

Measure: Percentage of children receiving respite services
Numerator: # of children with SED receiving respite services
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system
FY 2005 Actual: 4% FY 2006 Projected: 6% FY 2007 Target: 8%

Source of Information: Client Information System (CIS)

Significance: Ensuring family-centered coordinated care is the primary goal of the J.K. settlement agreement and the children's system reform. *Note: This goal and target was revised from the FY 2006-2007 Plan. The percentage increase was modified to more accurately reflect the actual number of children in respite, as well as a more realistic progress percentage (from 5% in the past Plan to 2% for this year's submission, in line with other child specific goals and targets in the FY 2007 Plan) for future projections.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increase in Family Stabilization and Living Conditions	4%*	4%*	6%*	8%*
Numerator	917	906	-	-
Denominator	24,214	22,896	-	-

Criterion 3: Children's Services

National Outcome Measure: Client Perception of Care

Goal 2: Administer Annual Statewide Consumer Survey to measure families' perception of care.

Target 1: To increase the percentage of family respondents with positive perception about outcomes.

Population: Targeted sample of enrolled children, including children with SED who are receiving community-based services

.

Brief Name: Statewide Consumer Survey

Indicator: Perception of Care

Measure: Percentage of family respondents reporting positively about outcomes
Numerator: # of family respondents reporting positively
Denominator: Total # of family respondents
FY 2005 Actual: 74% FY 2006 Projected: 75% FY 2007 Target: 76%

Source of Information: MHSIP Youth Services Survey for Families

Significance: The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system. ***Note:** As of FY 2005, ADHS/DBHS is now conducting the Statewide Consumer Survey on an annual rather than a bi-annual basis.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Client Perception of Care	N/A	74%*	75%	76%
Numerator	N/A	830	-	-
Denominator	N/A	1,193	-	-

Criterion 4: Targeted Services to Rural and Homeless Populations

- Describes State's outreach to and services for individuals who are homeless
- Describes how community-based services will be provided to individuals in rural areas

Narrative

Runaway children and adolescents are those who have left home, at least overnight, without permission from their parents or guardians. Homeless children and adolescents are a diverse group facing many problems without homes to which they can return. This group has no shelter and is in need of services and shelter, where supervision can be provided. The latter group may be members of homeless families, or children who have run away from home for an extended period and/or have been locked out or abandoned by their parents. Often this group is comprised of adolescents that cannot remain with a homeless family due to the occupation restrictions imposed on the families by shelters. This definition coincides with the definition of homelessness outlined by the Stewart B. McKinney Homeless Assistance Act, as adopted by the state of Arizona, in order to identify this population. Estimates of the numbers of homeless and runaway youth vary widely due to the difficulty in locating this population.

Outreach to and Services for Individuals who are Homeless: ADHS/DBHS works collaboratively with the Arizona Department of Economic Security (DES) in providing funds for services to homeless and runaway youth. These services include shelter beds, day support, outreach services and independent living programs, which are small apartment complexes with staff available to teach living skills as well as provide guidance and counseling.

ADHS/DBHS provides behavioral health services through its RBHA system to eligible children with serious emotional disturbances residing in shelters throughout the state. These include homeless shelters and domestic violence shelters.

The number of homeless children is difficult to measure. Many families with children do not identify themselves as homeless for fear that their children could be removed from the parent's care.

Rural Services to Children: The rural RBHAs provide a full continuum of services to eligible children with serious emotional disturbances. As identified earlier in the State Plan, Arizona is divided into regional geographic service areas. Currently there are six areas based on the State's fifteen (15) county populations. Of the four RBHAs, ValueOptions and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico, a new RBHA effective July 1, 2005. Rural RBHAs are required to meet the same network and service delivery standards as their urban counterparts.

The following modifications were made in this Criterion:
Goal 1, Target 1: This goal was revised from the FY 2006-2007 Plan to reflect more current data and improved data collection methodology.

Criterion 4: Targeted Services to Rural and Homeless Populations

National Outcome Measure (NOM): Increased Access to Services

Goal 1: Increase access to behavioral health services in rural areas for children with serious emotional disturbances.

Target 1: Measure the number of children with SED in rural areas receiving behavioral health services and increase enrollment by 2% each year.

Population: Children with SED who reside in rural areas

Brief Name: Increased Access in Rural Areas

Indicator: Children Receiving Services in Rural Areas

Measure: Percentage of enrolled children with SED in rural areas
Numerator: # of children with SED residing in rural areas
Denominator: Total # of children with SED enrolled in the ADHS/DBHS system
FY 2005 Actual: 39% FY 2006 Projected: 39% FY 2007 Target: 41%

Source of Information: Client Information System (CIS)

Significance: Providing access to services to children in rural areas is a priority of the CMHS Block Grant and Arizona. Rural counties are all Arizona counties except Maricopa and Pima Counties. *Note: These figures are revised from the FY 2006-2007 Plan based on projections on FY 2006 data to reflect more current data and improved data collection methodology. ADHS/DBHS will continue to project a 2% increase per year for rural children's services based on the 2004 figure.

Performance Indicator Table – Arizona Plan

FISCAL YEAR	FY 2004 Actual	FY 2005 Actual	FY 2006 Projected	FY 2007 Target
Performance Indicator: Increased Access to Services	35%*	39%*	39%*	41%*
Numerator	8,465	8,934	-	-
Denominator	24,414	22,896	-	-

Criterion 5: Management System

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes the manner is which the State intends to expend the grant under Section 1911

Narrative

Financial Resources: The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives, Proposition 204, Senate Bill 1280, House Bill 2003 and the Covered Services Project, increased funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

Staffing and Training for Mental Health Services Providers: ADHS/DBHS employs over 150 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted on such topics as ADHS/DBHS policies; corporate compliance; notice and complaint process; HIPAA; contract compliance; tribal cultural awareness, advance directives and data validation.

ADHS/DBHS provides technical assistance and consultation to the T/RBHAs on a periodic and regular basis. The RBHAs are ValueOptions, CPSA, NARBHA, and Cenpatico, a new RBHA serving Southwestern and Central Arizona. The TRBHAs are the Gila River Indian Community and the Pascua Yaqui Tribe.

Technical Assistance: ADHS/DBHS provides technical assistance and consultation to the TRBHAs on a periodic and regular basis. The State has also provides technical assistance on a regular basis to the Navajo Nation as well as the Salt River Indian Reservation and the San Carlos Apache Reservation.

Training was provided to RBHAs and providers in FY 2006 across the State on a variety of topics. These included: anti-stigma; clinical guidance documents (Technical Assistance Documents and Practice Improvement Protocols); peer support development, and child and family teams.

Training of Emergency Health Services Providers Regarding Mental Health: ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training, using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2006 and is conducted on a regular basis.

Training and Sponsored Conferences: ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues.

- The 18th Annual Mental Health Association of Arizona Seeds of Success Symposium was held November 1-2, 2005 in Phoenix, Arizona. The theme was "Recovery & Resiliency: Challenges, Opportunities and Best Practices". The 19th Annual Symposium will be held in October 2006, in Phoenix, and is currently in the planning stage.
- "Alternatives 2005, Leading the Transformation to Recovery" Conference was held October 26 – 30, 2005, in Phoenix, Arizona. This event provided a forum for mental health consumers and survivors from across the nation to meet, exchange information and ideas, and provide/receive technical assistance. Topics included peer support, consumer operated services, self-help, empowerment and recovery.
- The Arizona Methamphetamine Conference was held February 13-14, 2006, in Phoenix. The theme was "A Call to Action: Addressing the Meth Crisis in Arizona". This was Arizona's first statewide interdisciplinary conference on methamphetamine with a focus on public policy and community action. Governor Janet Napolitano and Attorney General Terry Goddard were keynote speakers.
- The 11th Annual Statewide Family Centered Practice Conference was held June 14-16, 2006 in Phoenix. This year's theme was "Stronger Families, Safer Kids".
- The Seventh Annual Summer Institute was held July 18-21, 2006 in Sedona, Arizona. The theme was "Follow the Road to Recovery: Courage to Balance Heart, Mind and Home".
- The 38th Annual Southwestern School for Behavioral Health Summer Training conference was held August 21 - 24, 2006 in Tucson, Arizona.
- The Infant and Toddler Mental Health Coalition of Arizona (ITMHCA) conference was held August 23, 2006, in Scottsdale, Arizona. The theme was "From Risk to Resiliency".
- The Arizona Council of Human Service Providers annual conference will be held September 25 – 26, 2006 in Tucson, Arizona. This year's theme is "The Human Service Industry 2010: Changing Workforce; Changing Technologies."

State Budget for FY 2007:

The budget and allocation for SED children follows on pages 111-112.

Arizona Department of Health Services
Division of Behavioral Health Services
Budget FY 2007

Program	Federal Funds	CMHS Block Grant	State Funds	Title XIX	Title XXI	Other Funds	Total
Arizona State Hospital			$57,932,000			$8,314,600	$66,246,600
Adult SMI, Non-Title XIX/XXI	$930,240	$818,595	$92,821,500			$32,483,200	$127,053,535
Adult SMI, Title XIX			$122,917,044	$229,936,254			$352,853,298
Adult SMI, Title XXI					$4,600,608		$4,600,608
Adult: Non-Title XIX/XXI SMI, GMH			$1,443,700			$4,931,600	$6,375,300
Adult: Non-SMI, GMH, Title XIX			$88,550,554	$116,200,644			$204,751,198
Adult: Non- SMI, GMH, Title XXI					$1,828,554		$1,828,554
Children, Non- Title XIX/XXI	$1,585,856	$6,706,290	$10,923,200			$1,500,000	$20,720,818
Children, Title XIX			$100,249,068	$199,658,038			$299,907,106
Children, Title XXI					$11,776,716		$11,776,716
Administrative/Programmatic	$422,154	$393,082	$6,587,174	$8,639,600	$505,700	$294,516	$16,836,754
TOTAL:	**$2,938,249**	**$7,917,967**	**$481,424,240**	**$554,434,536**	**$18,711,578**	**$47,523,916**	**$1,112,950,486**

Notes:

(1) Title XIX non-SMI capitation funding combines Substance Abuse and General Mental Health Services. Total funding for each program is combined. The amounts listed are the appropriated amounts per Chapter 286 of the 47th Legislature, 1st Regular Session (SB 1513).

(2) Title XIX and XXI funding is capitated. The amounts shown include expansion populations. RBHA specific budgets are dependent upon per member per month values.

(3) Adult SMI TXIX and Adult GMH TXIX include the Medicare Part D Clawback sent to AHCCCS (State Medicaid agency) and State General Fund Co-Pay.

FISCAL YEAR 2006 RBHA ALLOCATION
BLOCK GRANT FUNDS
SED CHILD POPULATION

RBHA	PERCENTAGE OF POPULATION	TOTAL FUNDING
CPSA- GSA 5	**15.62%**	**$1,082,346**
CPSA- GSA 3	**4.29%**	**$378,480**
CENPATICO-GSA 2	**3.64%**	**$216,009**
CENPATICO-GSA 4	**4.12%**	**$312,446**
VALUEOPTIONS	**62.57%**	**$3,638,184**
NARBHA	**9.29%**	**$1,039,530**
PASCUA YAQUI	**.12%**	**$0**
GILA RIVER	**.36%**	**$22,894**
TOTAL:	**100%**	**$6,689,889**